State of Nebraska Transition Grant

Delegation for the New Graduate Registered Nurse

Education Module

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Title: Delegation, Direction and Assignment.

Learning Objectives:

Upon completion of this education module, the newly licensed registered nurse will:

1. Define key concepts within the delegation, supervision and direction of the decision making processes.
   a. Assignment: distributing the work that each staff member is expected to accomplish. Assignments are made to persons who already have the authority to perform the activity.
   b. Authority: the provision of nursing care is granted through RN and LPN licensure. Unlicensed persons receive the authority to provide nursing care through delegation from the RN.
   c. Delegation: the transfer from an RN to an unlicensed person of the authority to provide selected nursing care.
   d. Direction: the provision of supervision.
   e. Supervision: the provision of oversight and monitoring to determine whether or not nursing care is adequate and delivered appropriately.
      i. Direct supervision: the RN or LPN is physically present in the clinical area and able to respond immediately.
      ii. Indirect supervision: the RN is not physically present but is available through periodic inspection and evaluation. The RN is available by telecommunication.
   f. Unlicensed person: a person, regardless of title, who does not have a license to practice nursing and who functions in an assistant or subordinate role to the nurse. Unlicensed persons receive the authority to provide selected non-complex nursing interventions through delegation from the RN.

(State of Nebraska Dept. of Health and Human Services, Regulation and Licensure, Chapter 99 – Provision of Nursing Care, 2004)
(National Council of State Boards of Nursing, 2005)

2. Describe the steps of the RN delegation of the decision making process.
   a. Assessing the health status of client/patient
      i. Determine nursing care needs and necessary interventions
   b. Develop a delegation plan
      i. Select the necessary interventions
      ii. Identify unlicensed person’s education/training, experience and competency
      iii. Define supervision of the plan
iv. Communicate the delegation plan

c. Implement the plan

i. Monitor provision of care through the previously defined supervision of the plan

ii. Evaluate patient response to nursing care

d. Evaluate the plan

i. Feedback to and from unlicensed person

ii. Measure patient outcomes

iii. Alter delegation of the plan as appropriate

(State of Nebraska Dept. of Health and Human Services, Regulation and Licensure, Chapter 99 – Provision of Nursing Care, 2004)
(National Council of State Boards of Nursing, 2005)
(State of Nebraska Dept. of Health and Human Services, Delegation Decision-making Tree [draft], 2009)

3. Discuss which aspects of the delegation decision making process are guided primarily by organization standards. Discuss how the RN retains individual accountability within that structure. Consider this within the context of the standards for delegation in Nebraska.

Within a facility environment, there is both individual accountability and organizational accountability for delegation. Organizational accountability relates to providing sufficient resources, staffing, appropriate staff mix, implementation of policies and role descriptions, opportunity for continuing staff development and crafting an environment conducive to teamwork, collaboration and client-centered care. (NCSBN, 2005)

<table>
<thead>
<tr>
<th>Assess health status of client</th>
<th>Organizational Standard</th>
<th>Individual Accountability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select Interventions</td>
<td>Define nursing service delivery model; job descriptions; policy and procedures</td>
<td>Identify specific interventions for specific patients within Nebraska statutes/regulations and organizational standards</td>
</tr>
<tr>
<td>Select unlicensed persons</td>
<td>Hire unlicensed and define core competencies; facility orientation; personnel policies/procedures</td>
<td>Match specific interventions to unlicensed person’s competence</td>
</tr>
<tr>
<td>Define supervision plan</td>
<td>Organizational chart/hierarchical structure; job descriptions, available resources</td>
<td>Extent of direct/indirect supervision and frequency of supervision for specific situation; select others to participate in supervision plan</td>
</tr>
<tr>
<td>Communicate delegation plan</td>
<td>Define nursing service delivery model; policies/procedures</td>
<td>Communicate intervention specific instructions to unlicensed; communicate plan to other licensed nurses accountable for supervision</td>
</tr>
<tr>
<td>Monitor care</td>
<td>Evaluate effectiveness of nursing service delivery model</td>
<td>Intermittent assessment throughout shift to assess work flow</td>
</tr>
<tr>
<td>Evaluate patient response</td>
<td>Quality Monitoring Program</td>
<td>Intermittently assess individual patient response/effectiveness of care</td>
</tr>
<tr>
<td>Feedback</td>
<td>Quality Monitoring Program; measure employee satisfaction</td>
<td>Intermittent interaction / communication exchange with unlicensed persons</td>
</tr>
<tr>
<td>Measure outcomes</td>
<td>Quality Monitoring Program; measure patient satisfaction</td>
<td>Goal attainment/effectiveness of care for individual patients.</td>
</tr>
<tr>
<td>Alter plan</td>
<td>Modify nursing service delivery model as appropriate</td>
<td>Alter plan based upon feedback from unlicensed and patient response as appropriate</td>
</tr>
</tbody>
</table>

(State of Nebraska Dept. of Health and Human Services, Regulation and Licensure, Chapter 99 – Provision of Nursing Care, 2004)
(State of Nebraska Dept. of Health and Human Services, Statutes Relating to Nurse Practice Act, 2007)

4. Differentiate between the scope of practice and role of the RN, LPN and unlicensed personnel in delegation, direction, and assignment.

   a. RNs delegate to unlicensed persons – giving the unlicensed person the authority to provide nursing care.

   b. RNs and LPNs make assignments to other licensed nurses.

   c. RNs and LPNs may make assignments to unlicensed persons who have received “delegated authority”. Such authority may be granted on an organization level through a nursing service delivery model or individually by an RN through a patient specific delegation plan.

   d. RNs and LPNs supervise other licensed nurses and unlicensed persons with delegated authority.

   e. LPNs provide only direct supervision to unlicensed persons with delegated authority.

<table>
<thead>
<tr>
<th>Delegate</th>
<th>Assign</th>
<th>Provide Direct Supervision</th>
<th>Provide Indirect Supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN</td>
<td>X</td>
<td>x</td>
<td>X</td>
</tr>
<tr>
<td>LPN</td>
<td></td>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>
5. Describe the standards RNs must apply when delegating to and supervising care by LPNs.
   a. LPNs’ authority to provide nursing care is based upon licensure. LPNs function at the
direction of an RN or other licensed practitioner.
   b. RNs provide direction by making assignments to LPNs that include data collection and
nursing interventions which lead to predictable outcomes.
   c. RNs provide direction to LPNs by providing supervision (direct, indirect, or a
combination).
   d. Through intermittent supervision the RN is accountable to validate the LPN’s
competence to provide the assigned nursing care.

6. Describe appropriate RN to LPN and unlicensed personnel assignment in the delegation process.
   a. LPNs do not have the authority to delegate nursing care to unlicensed persons.
   b. RNs may direct LPNs to make assignments to unlicensed persons in accordance with the
delegation plan.
      i. The delegation plan may be part of a nursing service delivery model developed
by RN nursing service administrators that includes job descriptions/role
delineations.
   c. RNs may direct LPNs to provide supervision and direction to unlicensed persons n
accordance with the delegation plan.
   d. The RN and LPN each have individual accountability for their own competence in their
respective roles in the delegation process

7. Discuss appropriate assignments for LPNs and LPN-Cs related to IV therapy.

8. Describe appropriate delegation of medication administration to unlicensed persons within the
context of the Medication Aide Act. (Unlicensed persons frequently administer medications in
long term care.)
a. RNs may delegated medication administration only to persons on the Medication Aide Registry

b. Medication administration includes (a) providing the medication, (b) recording medication provision, and (c) observing, monitoring, reporting and taking appropriate action regarding the effects of the medication.

c. Permitted activity includes routine medications by oral, inhalation, topical and instillation into the eyes, ears and nose

d. A specific written delegation plan is required if the RN delegates to an unlicensed person the provision of a medication by another route, a PRN medication, or to participate in monitoring medication effects.

(State of Nebraska Dept. of Health and Human Services, Regulation and Licensure, Chapter 95 - Administration of Medication by Medication Aides and Medication Staff, 2008)
(State of Nebraska Dept. of Health and Human Services, Regulation and Licensure, Chapter 96 - Medication Aide Registry, 2008)

9. Discuss definitions of and the differences between complex and non-complex interventions. RNs may delegate only non-complex interventions to unlicensed persons.

a. Nursing Intervention: the initiation and completion of patient focused actions necessary to accomplish the goals defined in the plan of care

b. Complex interventions: those which require nursing judgment to safely alter standard procedures in accordance with the needs of the patient; or require nursing judgment to determine how to proceed from one step to the next; or require the multidimensional application of the nursing process.

c. Non-complex interventions: those which can safely be performed according to exact directions, do not require alteration of the standard procedure, and for which the results and client/patient responses are predictable.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Complex</th>
<th>Non-complex</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-standard – procedure may be altered based upon patient needs</td>
<td>Standard – procedure performed according to exact directions</td>
<td></td>
</tr>
<tr>
<td>Patient Response</td>
<td>Un-predictable due to patient condition, patient response, or new intervention for the patient</td>
<td>Predictable – stable patient response.</td>
</tr>
<tr>
<td>Nursing judgment</td>
<td>Requires simultaneous assessment of patient response with effectiveness of intervention</td>
<td>Nursing judgment not required.</td>
</tr>
</tbody>
</table>

(State of Nebraska Dept. of Health and Human Services, Regulation and Licensure, Chapter 99 – Provision of Nursing Care, 2004)
d. The American Association of Critical Care Nurses identifies criteria to consider when making delegation decisions. The criteria incorporate both the procedure and patient response:

i. Potential for Harm: The nurse must determine how much risk the activity carries for an individual patient.

ii. Complexity of the Task: The more complex the activity, the less desirable it is to delegate. Only an RN should perform activities requiring complex psychomotor skills and expert nursing assessment and judgment.

iii. Amount of Problem Solving and Innovation Required: If an uncomplicated activity requires special attention, adaptation, or an innovative approach for a particular patient, it should not be delegated.

iv. Unpredictability of Outcome: When a patient’s response to the activity is unknown or unpredictable (depending on how stable the patient is), it is not advisable to delegate that activity.

v. Level of Patient Interaction: Will delegation of a particular activity increase or decrease the amount of time the RN can spend with the patient and the patient’s family? Every time a nursing activity is delegated or one or more additional caregivers become involved, a patient’s stress level may increase, and the nurse’s opportunity to develop a trusting relationship is diminished.

A rating factor of 0 = none, 1 = low, 2 = moderate, and 3 = high. The higher the score, the less likely the nurse would be to delegate.

<table>
<thead>
<tr>
<th>Task and Specific Patient Combination</th>
<th>Potential for Harm</th>
<th>Complexity of Task</th>
<th>Problem Solving and Innovation Necessary</th>
<th>Unpredictability of Outcome</th>
<th>Level of Patient Interaction</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Suctioning</strong> – patient has closed head injury and increased intracranial pressure (IICP)</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>13</td>
</tr>
<tr>
<td><strong>Suctioning</strong> – Patient is comatose with stable vital signs</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>7</td>
</tr>
</tbody>
</table>

The nursing intervention is the same – suctioning – but the outcome scores are significantly different because of patient assessment. An additional factor in the delegation decision not included in this grid, but equally critical, is the competency assessment of the UAP. A delegation determined appropriate for an experienced UAP may not be appropriate for an inexperienced UAP.
10. Describe the standards you should consider when accepting an assignment as an RN – the assignment may be a position within an organization or a specific assignment from a charge nurse/nurse manager:

a. Accept only those assignments for which you have the required knowledge, skills and abilities

b. Acknowledge any personal limitations in knowledge and skills – request assistance, additional instruction, collaboration etc.

c. Prior to refusing an assignment, communicate your rationale for refusing the assignment. Is there something your nurse manager/administration can provide to make you more comfortable in accepting the assignment?

(State of Nebraska Dept. of Health and Human Services, Advisory Board Opinions of Nebraska Board of Nursing, Accountability for Professional Conduct of Professional Nurses, 2000)

Interactive Exercises:

1. Complete the following e-learning programs, if made available by your facility.

   http://learningext.com/groups/b06e8bc419/summary

   http://learningext.com/hives/f4e2615223/summary

2. Differentiate between complex and non-complex interventions.

   Potential for Harm – The greater the risk, the less advisable it is to delegate an activity. Examples of risk includes infection, hemorrhage, hypoxia, nerve damage and psychological distress.

   Complexity of Task – The more complex psychomotor skills required, the less desirable to delegate.

   Problem solving/innovation required – If an activity requires adaptation and innovative approaches, such activity should not be delegated.

   Unpredictability of outcome – If a patient’s individual response is unpredictable or unknown, it is not advisable to delegate the activity.

   Level of patient interaction – The more time needed by the nurse to plan, coordinate and evaluate a patient’s care, the less desirable to delegate.

Rate the following: Score 0 = none, 1 = low, 2 = moderate, 3 = high.
<table>
<thead>
<tr>
<th>Task and Specific Patient Combination</th>
<th>Potential for Harm</th>
<th>Complexity of Task</th>
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<th>Unpredictability of Outcome</th>
<th>Level of Patient Interaction</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bath – stable, comatose patient on a ventilator with 2 IV lines, wound, drainage tube, suprapubic catheter</td>
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<tr>
<td>Bath – confused patient first day post-op with halo-traction</td>
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3. Of the following nursing care needs and interventions, identify which can be assigned to an RN, LPN or delegated to an unlicensed person. Discuss the potential variables that affect the assignment/delegation decision making process (i.e., the AACN criteria).

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Assign to LPN</th>
<th>Assign to RN</th>
<th>Delegate to unlicensed person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stocking of Supplies</td>
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<tr>
<td>Feeding patient with a recent cerebral vascular accident</td>
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<tr>
<td>Suctioning a tracheostomy</td>
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<tr>
<td>Transport critical patient to ICU due to status change</td>
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<tr>
<td>Administration of a enema</td>
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<tr>
<td>Teaching of a diabetic patient about diet and exercise</td>
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<tr>
<td>Assisting physician with insertion of a central line</td>
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<tr>
<td>Ambulating a first day postoperative patient</td>
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<tr>
<td>Routine postoperative vital signs</td>
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<td></td>
<td></td>
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<tr>
<td>Clarifying physician orders</td>
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<tr>
<td>Preoperative teaching</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Administration of tube feedings</td>
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<tr>
<td>Bathing of a patient with dyspnea</td>
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</table>
4. Develop the delegation plan:
   a. What information would you give to an unlicensed assistive person who has floated to your unit where she will be assigned to provide one-to-one monitoring of a suicidal patient?
   b. Describe the instructions you would give to the unlicensed person.
      i. Environmental considerations (sharps, belts, metal silverware)
      ii. Physical proximity – no more than an arm’s length away from the patient
   c. What do you want the unlicensed person to report and when do you want the report?
   d. Describe how you would obtain feedback from the unlicensed person regarding the assignment.
   e. What is your supervision plan – what do you tell the unlicensed person regarding the plan?
   f. What will you do if the unlicensed person does not accept this assignment?
   g. What will you do if the unlicensed person fails to carry through with the task appropriately? What are the potential outcomes to the nurse, to the client?

5. Evaluate the delegation plan. You plan to spend 5–10 minutes at the beginning of the shift providing direct supervision to evaluate patient stability and the interaction between the patient and unlicensed person. Following the direct supervision period, you plan to intermittently observe the patient response and patient/unlicensed person interaction – decreasing the frequency of the intermittent observations as the shift progresses.
   a. How do you respond if the patient’s behavior becomes increasingly agitated?
   b. How do you respond if you overhear the unlicensed person responding to the patient’s angry questions with an accusatory response?
   c. How do you respond if you find the suicidal patient unattended, taking a shower with razor and shaving cream left in the bathroom, while the unlicensed staff member was reading the newspaper in the staff break room?

6. An LPN you have worked with for 3 months recently became certified by the State of Nebraska to provide IV therapy. You want to assign the LPN-C to restart an IV that infiltrated on an adult patient. What would you communicate? What questions would you ask?

7. You are the charge nurse for the evening shift on an orthopedic unit – a licensed nurse from OB is floated to your unit for the evening. What factors would you consider when making the assignments for the evening?
8. You typically work on the OB unit but are floated to the orthopedic unit for your shift. The charge nurse assigns you a patient who had a total hip replacement earlier in the day. How would you assess your competence to provide care to the patient? How would you communicate your need for assistance?

9. Develop a written delegation plan authorizing a medication aide to provide a prescription pain medication to a patient on an as needed basis. The plan should include monitoring criteria. How would you incorporate assigning an LPN acting as “charge nurse” to provide supervision? What will you do if this LPN refuses the assignment? Does not provide adequate supervision?
References

American Association of Critical Care Nurses (2004), Delegation Handbook (2nd ed.)

https://www.ncsbn.org/Working_with_Others.pdf

State of Nebraska Dept. of Health and Human Services, Advisory Board Opinions of Nebraska Board of Nursing, Accountability for Professional Conduct of Professional Nurses (2000),
http://www.hhs.state.ne.us/crl/nursing/Rn-Lpn/advisory.htm#ACCOUNTABILITY

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http://www.sos.state.ne.us/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-172/Chapter-95.pdf


http://www.dhhs.ne.gov/crl/statutes/Medication%20Aide%20Act.pdf

State of Nebraska Dept. of Health and Human Services, Statutes Relating to Nurse Practice Act (2007).