

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.

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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.

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- There is both individual accountability and organizational accountability for delegation. Organizational accountability for delegation relates to providing sufficient resources, including:
 - o Sufficient staffing with an appropriate staff mix
 - o 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
 - o 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.

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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*

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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.

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Organization-related Principles:

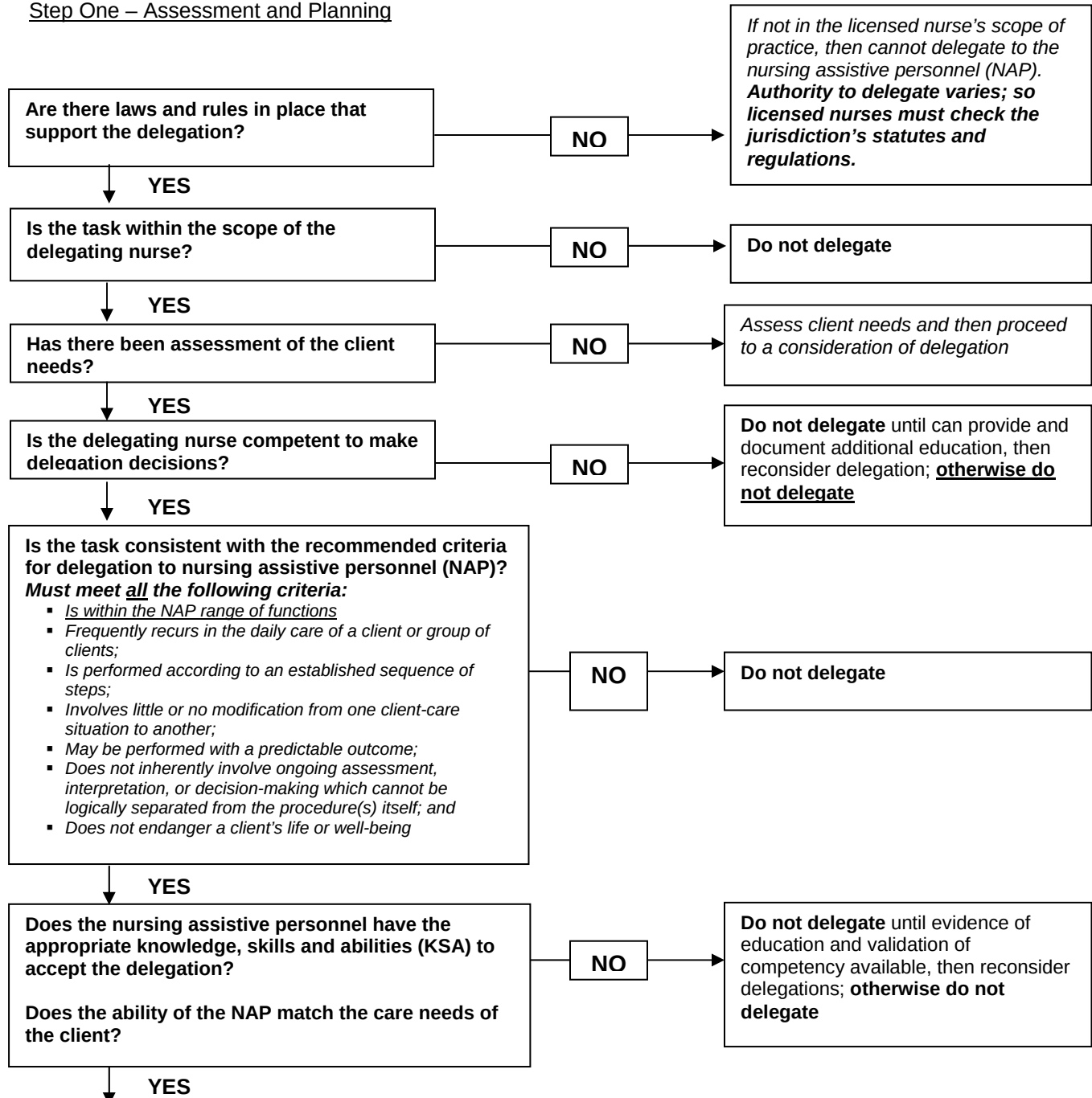
- The organization is accountable for delegation through the allocation of resources to ensure sufficient staffing so that the RN can delegate appropriately.
- The organization is accountable for documenting competencies for all staff providing direct patient care and for ensuring that the RN has access 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.

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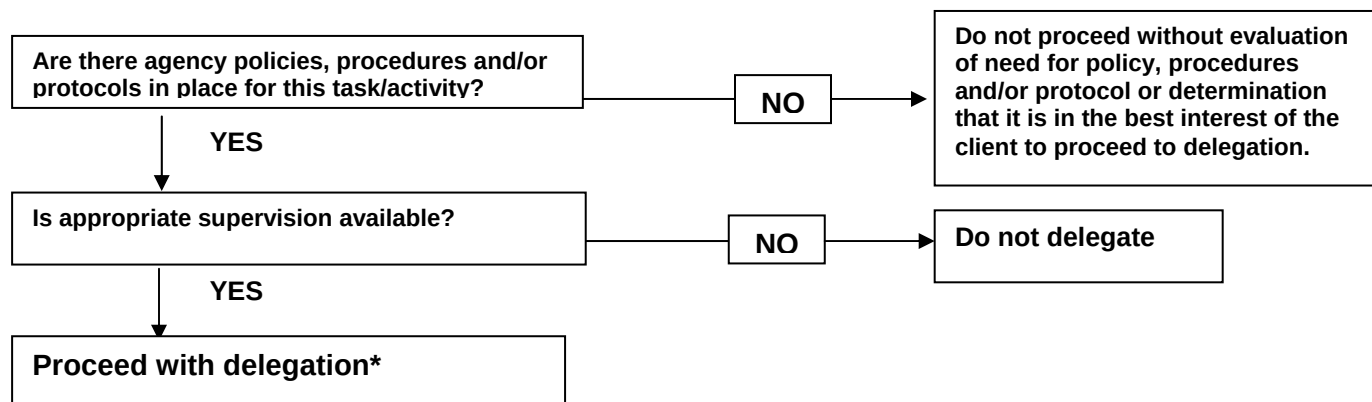
Appendix B National Council of State Boards of Nursing Decision Tree for Delegation to Nursing Assistive Personnel

Step One – Assessment and Planning



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Step Two – Communication

Communication must be a two-way process

The nurse: ▪ Assesses the assistant's understanding - o How the task is to be accomplished - o When and what information is to be reported, including ✓ 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	The nursing assistive personnel ▪ 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.	Documentation: <i>Timely, complete and accurate documentation of provided care</i> ▪ Facilitates communication with other members of the healthcare team ▪ Records the nursing care provided.
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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.

The nurse considers the: ▪ 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>	The nurse determines: ▪ The frequency of onsite supervision and assessment based on: ○ Needs of the client ○ Complexity of the delegated function/task/activity ○ Proximity of nurse's location	The nurse is responsible for: ▪ 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.

In considering the effectiveness of delegation, the nurse addresses the following questions:

- Was the delegation successful?
 - 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?