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Principles for Delegation by Registered Nurses to Unlicensed Assistive Personnel (UAP)

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Contributors

2010-2012 CNPE Practice and Regulation Workgroup

Melanie Duffy, MSN, RN, CCRN, CCNS, Co-chairperson
Shirley Fields McCoy, MS, RN, BC, Co-chairperson
Connie Barker, PhD, APRN, FNP-BC
Ginger Breedlove, PhD, CNM, ARNP, FACNM
Gwen Davis, MN, RN, CDE
Paula Gasser, MPH, RN
Patricia Johnson, DNP, MPH, RN, NNP
Kathleen K. Peavy, MS, RN, CCRN
Roxanne Perucca, MSN, CRNI
Gayle Peterson, RN-BC
Patricia Quigley, PhD, MPH, ARNP, CRRN, FAAN, FAANP
Kathleen Reeves, MSN, RN, CNS, CMSRN
Barbara Sadler, BSN, RN, CWOCN
Sally Watkins, PhD, RN
Carol J. Bickford, PhD, RN-BC, CPHIMS, ANA staff
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Summary
Principles for Delegation by Registered Nurses to Unlicensed Assistive Personnel (UAP) is designed to provide overarching principles for practice in situations across the continuum of care where registered nurses delegate tasks to unlicensed assistive personnel. The purpose of this publication is to define relevant principles and provide registered nurses with practice strategies when delegating.

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Purpose

The Principles for Delegation by Registered Nurses to Unlicensed Assistive Personnel (Principles for Delegation) is designed to provide overarching principles and relevant strategies for practice in situations where registered nurses (RNs) delegate tasks to unlicensed assistive personnel (UAP). Because ANA also recognizes that RNs practice in many settings, Principles for Delegation is intended to be useful for RNs practicing across the continuum of care.

Notes on Terminology

“Nurse” is specific to the professional registered nurse. Nursing’s Social Policy Statement: The Essence of the Profession (ANA, 2010) recognizes the importance of clearly identifying the recipients of professional nursing care, be they individuals, groups, families, communities, or populations. The terms “patient,” “client,” and “person” most often refer to individuals, while “healthcare consumer” can represent an individual or group.

“Unlicensed assistive personnel” replaces the term “nursing assistive personnel” used within the previous delegation principles document. These individuals may be identified as nurses’ aides, certified nursing assistants, orderlies, attendants, health aides, or other titles within the work environment.

Disclaimers

This document addresses the process of delegation by the registered nurse as it applies in most states and territories of the United States. States may have different definitions, regulations, or directives regarding delegation. RNs must check with their state’s board of nursing to ascertain state-specific differences. The Nurse Practice Act is the legal authority for nursing practice in each state.
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Today’s Nursing Practice Environment

Registered nurses are accountable to the public for providing culturally competent, safe, timely, efficient, patient-centered, equitable, and effective nursing care for healthcare consumers in a variety of settings across the continuum of health care. These settings include but are not limited to hospitals, long-term care facilities, nursing homes, community and public health centers, home health agencies, and schools. In each setting, RNs function as essential members of healthcare teams that include the healthcare consumer and may include other licensed professionals and paraprofessionals, as well as assistive healthcare workers and informal caregivers. Consumers, who may desire to direct their own care, also may seek consultation from RNs to manage those activities.

The authority for the practice of nursing is based on social responsibility, which in turn derives from a complex social base and a social contract. Society validates the existence of a profession through licensure, public affirmation, and legal and legislative parameters. Nursing’s response is to provide care to all who are in need, regardless of their cultural, social, or economic standing (Nursing’s Social Policy Statement: The Essence of the Profession, ANA, 2010).

The profession defines the scope and standards of nursing practice. State nurse practice acts define the legal parameters for nursing practice, which may include delegation. The RN assigns or delegates tasks based on the needs and condition of the healthcare consumer, potential for harm, stability of the patient’s condition, complexity of the task, predictability of the outcome, abilities of the staff to whom the task is delegated, and the context of other patient needs.

“The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse’s obligation to provide optimum patient care” (Guide to the Code of Ethics for Nurses: Interpretation
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All decisions related to delegation and assignment are based on the fundamental principles of protection of the health, safety and welfare of the public. Such decisions should reflect the nurse’s primary commitment to the patient, whether an individual, family, group, or community (Guide to the Code of Ethics for Nurses: Interpretation and Application, ANA, 2010, p. 150). RNs within the healthcare team are accountable for supervising those to whom they have delegated tasks. RNs often delegate nursing tasks to other team members. RNs are accountable for the decision to delegate and for the adequacy of nursing care to the healthcare consumer, provided the person to whom the task was delegated performed the task as instructed and delegated by the delegating RN. The RN retains accountability for the outcomes of nurse delegation.

The nursing tasks or activities may be performed by the nursing team. Members of this team may include unlicensed assistive personnel (UAP), other licensed healthcare workers, such as licensed practical nurses/licensed vocational nurses (LPNs/LVNs), and caregivers. The nursing tasks or activities are identified according to legal parameters defined by each state and by the scope of practice and standards established by professional nursing organizations. Thus, the framework for clinical practice, including delegation, is determined by individual state statutes and nurse practice acts, state regulations and policy statements, and by generally accepted professional nursing standards of practice.

Challenges in today’s healthcare environment make greater demands on RNs to have the knowledge and critical thinking skills to effectively delegate to others. These challenges include the varying education and experience levels of RNs, the increasing use of UAP roles, and the time required to effectively and safely monitor and supervise UAPs and delegated work. Inconsistent facility or agency expectations regarding UAP duties or tasks, coupled with minimal, if any, training can lead to an unstable and, in some cases, a less qualified workforce. Acutely ill and more complex patients, extensive
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medication administration responsibilities, and increased use of technology characterize today’s healthcare workplace.

The dynamics of a continuously changing healthcare climate and the expectations of the nursing profession compel RNs as members of the healthcare team to be vigilant and action-oriented regarding nursing practice and RN delegation.

Definitions

Accountability. "Accountability is both related to answerability and responsibility. Accountability is judgment and action on the part of the nurse for which the nurse is answerable to self and others for those judgments and actions. Responsibility refers to the specific accountability of liability associated with the performance of duties of a particular nursing role and may, at times, be shared in the sense that a portion of responsibility may be seen as belonging to another who was involved in the situation."


Assessment. “A systematic, dynamic process by which the registered nurse, through interaction with the patient, family, groups, communities, populations, and healthcare providers, collects and analyzes data.” *Nursing: Scope and Standards of Practice, Second Edition*. (2010). P. 63

Assignment. The distribution of work that each staff member is responsible for during a given work period.

Authority. Authority is the right to act in areas where one is given and accepts responsibility (Creative Health Care Management, 2007). RNs have authority, or legitimate power, to analyze assessments, plan nursing care, evaluate nursing care, and exercise nursing judgment.
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Caregiver. A family member, significant other, neighbor, friend, or other unlicensed designated individual who assists in the care, activities of daily living, or other healthcare activities of individuals with physical disabilities or mental impairments.

Critical thinking. “In nursing, critical thinking skills are related to the clinical decision making process. Nursing critical thinking skills are a systemic, logical, reasoned approach to the nursing process which results in quality patient care. The nurse is open to intellectual reasoning and a systematic approach to problem solving. Critical thinking in nursing is an active process involving the nurse in sifting data, choosing which components are vital and then assessing and filtering to form a vital decision process. Critical thinking is a part of the nursing process which adheres to a deep commitment to maintain intellectual discipline, as well as formulating decisions based on sound judgments and logical conclusions. Critical thinking will result in excellent clinical outcomes and patient safety. …Delegating authority and responsibility to a wide range of licensed and unlicensed staff is part of the role of a nurse. The critical thinking process provides a framework for synthesizing information about a patient in order to delegate appropriately. The goal is the continued provision of care for the best patient outcome.” (Sodora, 2012)

Delegation. Delegation generally involves the assignment of activities or tasks related to patient care to unlicensed assistive personnel while retaining accountability for the outcome. The registered nurse cannot delegate responsibilities related to making nursing judgments except to another qualified registered nurse. Examples of nursing activities that cannot be delegated to unlicensed assistive personnel include but are not limited to assessment and evaluation of the impact of interventions on care provided to the patient. Adapted from Fowler, M.D.M. (2008). Guide to the Code of Ethics for Nurses: Interpretation and Application, p. 49.

Delegation involves “the transfer of responsibility for the performance of a task from one individual to another while retaining accountability for the outcome. Example: the RN, in delegating a task to an assistive individual, transfers the responsibility for the
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performance of the task but retains professional accountability for the overall care."

ANA. (2010). Nursing: Scope and Standards of Practice, 2nd Ed. p. 64.

nursing process. "A critical thinking model comprising the integration of singular, concurrent actions of these six components: assessment, diagnosis, identification of outcomes, planning, implementation, and evaluation."


responsibility. The ANA has stated that responsibility involves liability with the performance of duties in a specific role (ANA, Code of Ethics for Nurses with Interpretive Statements, 2001). Responsibility is a two-way process that is both allocated and accepted (Creative Health Care Management, 2008). Assistive personnel accept responsibility when they agree to perform an activity delegated to them (Weydt, 2010).

supervision. 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. (NCSBN and ANA Joint Position Paper, 2006).

unlicensed assistive personnel. Unlicensed assistive personnel (UAP) is an umbrella term to describe a job class of paraprofessionals who assist individuals with physical disabilities, mental impairments, and other health care needs with their activities of daily living and provide bedside care — including basic nursing procedures — all under the supervision of a Registered Nurse, Licensed Practical Nurse, or other health care professionals. They provide care for healthcare consumers in need of their services in hospitals, nursing facilities, private homes, and other settings. UAPs by
definition do not hold a license or other mandatory professional requirements for practice, though many hold various certifications.

Principles

• The nursing profession determines the scope and standards of nursing practice.

• The RN takes responsibility and accountability for the provision of nursing practice.

• The RN directs care and determines the appropriate utilization of resources when providing care.

• The RN may delegate tasks or elements of care but does not delegate the nursing process itself.

• The RN considers facility/agency policies and procedures and the knowledge and skills, training, diversity awareness, and experience of any individual to whom the RN may delegate elements of care.

• The decision to delegate is based upon the RN’s judgment concerning the care complexity of the patient, the availability and competence of the individual accepting the delegation, and the type of supervision required.

• The RN acknowledges that delegation involves the relational concept of mutual respect.

• Nurse leaders are accountable for establishing systems to assess, monitor, verify and communicate ongoing competence requirements in areas related to delegation.
• The organization is accountable to provide sufficient resources to enable appropriate delegation.

• The organization is accountable for ensuring that the RN has access to documented competency information for staff to whom the RN is delegating tasks.

• Organizational policies on delegation are developed with the active participation of all nurses.

Delegation Decisions

All nurses are knowledgeable about the principles of delegation, associated risks and benefits, and state laws and regulations governing their practice. The profession’s foundational documents, including Code of Ethics for Nurses with Interpretive Statement; Nursing: Scope and Standards of Practice, Second Edition; and Nursing’s Social Policy Statement: The Essence of the Profession; specialty nursing organization references; as well as the state nurse practice acts and other regulatory documents or position statements regarding the role of the RN in delegating tasks are valuable resources.

Decision Tree for Delegation by RNs (Adapted from ANA and NCSBN Joint Statement on Delegation, 2005)

<table>
<thead>
<tr>
<th>1) Has there been an assessment of the healthcare consumer’s needs by an RN?</th>
<th>NO</th>
<th>Assess the healthcare consumer’s needs and then proceed to a consideration of delegation as part of the planning and implementation processes. Go to #2.</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Is the task within the delegating RN’s scope of practice?</td>
<td>NO</td>
<td>Do not delegate.</td>
</tr>
<tr>
<td>YES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Are there statutes and regulations in place that support delegation? Authority to delegate varies, so RNs must check the</td>
<td>NO</td>
<td>Do not delegate.</td>
</tr>
<tr>
<td>Question</td>
<td>Yes/No</td>
<td>Action</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>--------</td>
<td>---------------------------------------------</td>
</tr>
<tr>
<td>3) Does the organization’s statutes and regulations apply?</td>
<td><strong>YES</strong></td>
<td><strong>Do not delegate.</strong></td>
</tr>
<tr>
<td>4) Does the organization permit this delegation?</td>
<td><strong>NO</strong></td>
<td><strong>Do not delegate.</strong></td>
</tr>
<tr>
<td>5) Is the delegating nurse competent to make delegation decisions?</td>
<td><strong>NO</strong></td>
<td><strong>Do not delegate.</strong></td>
</tr>
<tr>
<td>6) Is the task consistent with the recommended criteria for delegation?</td>
<td><strong>NO</strong></td>
<td><strong>Do not delegate.</strong></td>
</tr>
<tr>
<td>Must meet all the following criteria:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Is within the caregiver range of functions,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Frequently recurs in the daily care of a healthcare consumer or group,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Is performed according to an established sequence of steps,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Involves little or no modification from one care situation to another,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• May be performed with a predictable outcome,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Does not inherently involve ongoing assessment, interpretation, or decision-making which cannot be logically separated from the procedure(s) itself, and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Does not endanger a healthcare consumer’s life or well-being</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7) Does the caregiver have the appropriate knowledge, skills, and abilities (KSAs) to accept the delegation?</td>
<td><strong>NO</strong></td>
<td><strong>Do not delegate</strong> until evidence of education and validation of competency available, then reconsider delegation.</td>
</tr>
<tr>
<td>Does the ability of the caregiver match the care needs of the healthcare consumer?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>YES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8) Are there agency policies, procedures, and/or protocols in place for this task/activity?</td>
<td><strong>NO</strong></td>
<td><strong>Do not delegate</strong> until policies, procedures, and/or protocols are in place for the task/activity.</td>
</tr>
<tr>
<td><strong>YES</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Education

Delegation is a skill set that must be taught and practiced for nurses to be proficient in using it in the delivery of nursing care. It is a process that involves professional development and the application of critical thinking, and it improves with education and experience. Delegation skills are learned and developed over time. The RN assumes personal accountability for developing critical thinking skills. This personal accountability is consistent with ANA’s foundational documents, *Code of Ethics for Nurses with Interpretive Statements* (2001), *Nursing’s Social Policy Statement: The Essence of the Profession* (2010) and *Nursing: Scope and Standards of Practice, Second Edition* (2010).

Eight steps for self-appraisal of critical thinking skills to support accountability include:

1. Reflect on the way in which you think, and review those steps you most often miss.
2. Learn from your mistakes and the mistakes of others.
3. Recognize personal indicators that warn you that your thinking ability may be less than optimal, such as illness, short staffing, or stress at home that reduces focus on work issues.
4. Participate in or lead discussions of clinical scenarios.
5. Participate in a mentorship or preceptor program, either as a participant or as a mentor or preceptor.
6. Develop an individual educational plan based on what you have learned or identified as strengths and educational needs from reflection and feedback.
7. Trust your intuition, or the “immediate apprehension that something is wrong without benefit of conscious reasoning.”


RNs must be educated and mentored on how to delegate and supervise others effectively, including giving and receiving feedback.

Nurse educators are encouraged to provide programs that include the principles for delegation and address areas in need of improvement.

The curriculum content related to delegation should include the rationale for rules of delegation, the law, the profession’s position on delegation and relationship, communication, and cultural issues related to the RN and the patient. The significant professional, legal, and ethical responsibilities and liabilities inherent in delegation and assignment must also be addressed. The professional courses in a nursing program include a primary overview of professional standards, the nurse practice act, state board of nursing administrative rules and regulations concerning delegation and supervision, and case law regarding nurse delegation and supervision. Nursing curricula and the NCLEX exam should evaluate competence related to delegation.

RNs should advocate for funding for continuing education programs and workshops to foster professional growth in the areas of delegation, supervision, and communication.

**Care Provision**

In order to determine if delegation is appropriate, the registered nurse will:

1. Perform an assessment of the healthcare consumer’s:
   a) Care needs and determine if any cultural modifications are required
2. Develop a plan of care identifying the delegable task as part of the overall plan of care:

   a) Baseline status of the healthcare consumer
   b) Specific unchanging task performance steps
   c) When, where, and how to report if the baseline status is changed
   d) Documentation expectations as appropriate

3. Analyze the following:

   a) Is the task within the delegating RN’s scope of practice?
   b) Are there federal or state laws, rules, or regulations that support the delegation?
   c) Does the employing organization of the delegating RN and the UAP permit the delegation?
   d) Is the delegating RN competent to make the delegation decision?
   e) Is the UAP competent to perform the delegated task and is ongoing supervision needed?

4. Monitor implementation of the delegated task as appropriate to overall plan of care.

5. Evaluate overall condition of the healthcare consumer and their response to the delegated task

6. Perform periodic evaluation of the UAP’s performance of skills providing feedback for improvement if needed

Consistent with the *Code of Ethics for Nurses with Interpretive Statements* (ANA, 2001), the nurse must not engage in practices prohibited by law or delegate to others activities prohibited by practice acts of other healthcare personnel or by other laws. RNs determine the scope of their practice in light of their education, knowledge, competence, and extent of experience.
References


