DELEGATION SUMMARY

The following points summarize the role of the delegation of nursing care to assistive personnel.*

- The Registered Nurse (RN) directs patient care and determines the appropriate utilization of assistive personnel.
- The RN may delegate to another only those nursing measures which that person is qualified to perform and may not delegate assessment.
- Delegation of nursing care activities is the professional right and responsibility of the RN.
- The decision of whether or not to delegate is based on the RN's assessment about the condition of the patient and follows the Five Rights (principles) of Delegation.
  - The Right task
  - Under the Right circumstance
  - To the Right person
  - With the Right directions and communication
  - Under the Right supervision and evaluation.
- Oversight of delegation requires appropriate presence and availability of the supervising RN.
- The RN retains accountability for the safe and effective delivery of patient care.
- There is both individual and organizational accountability for delegation of nursing tasks to assistive personnel.

*This Summary came from the following documents:

American Nurses Association and National Council of State Boards of Nursing, (2006) *Joint Statement on Delegation*.

Tennessee Nurses Association (1998; reviewed and reaffirmed 2009) *Delegation and Supervision, Guidelines for Registered Nurses Working With Unlicensed Assistive Personnel.*

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 supervision[2] 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.

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[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.

- 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.

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*

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:

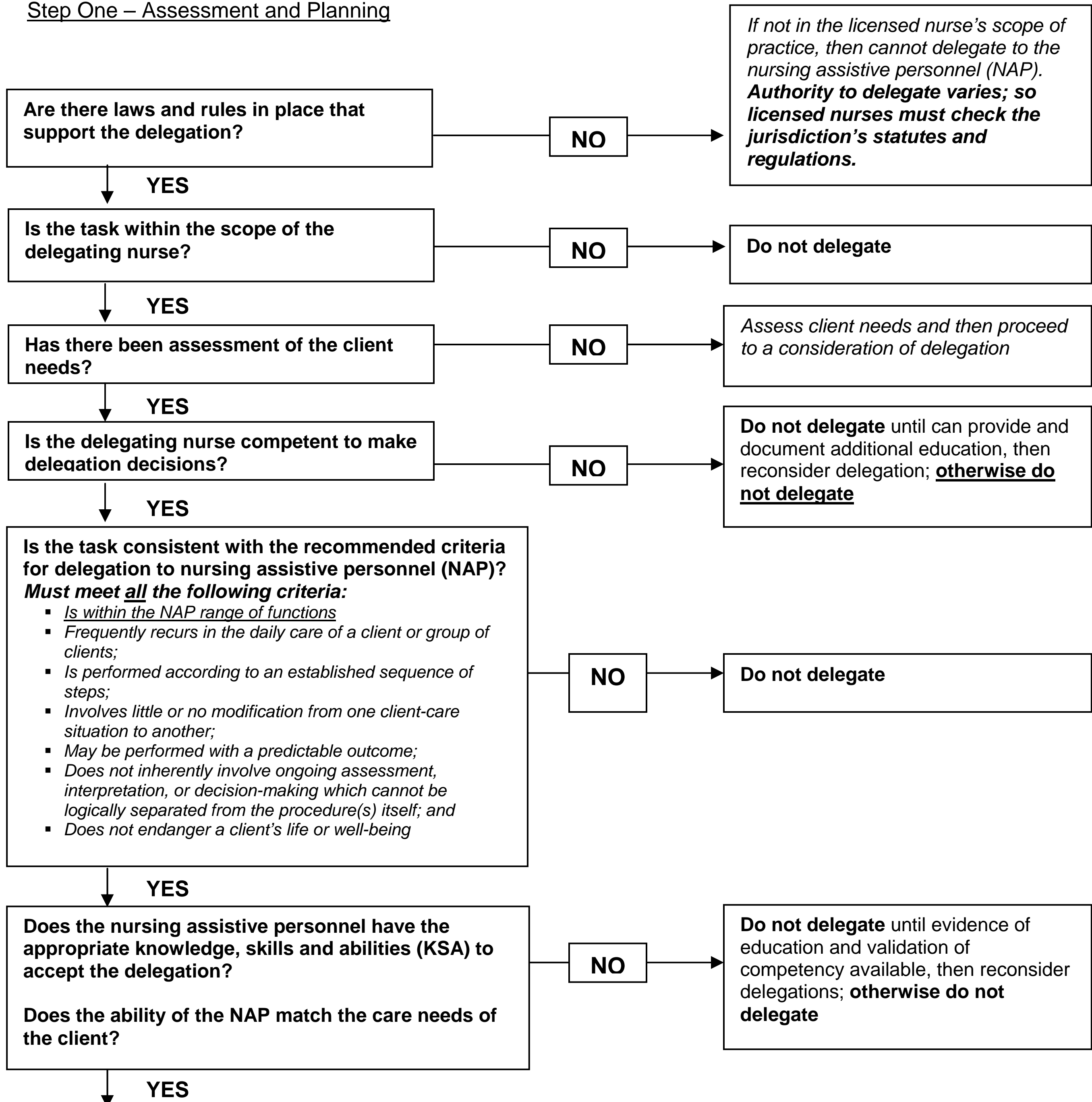
- The RN may delegate elements of care but does not delegate the nursing process itself.
- The RN has the duty to answer for personal actions relating to the nursing process.
- The RN takes into account the knowledge and skills of any individual to whom the RN may delegate elements of care.
- The decision 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.

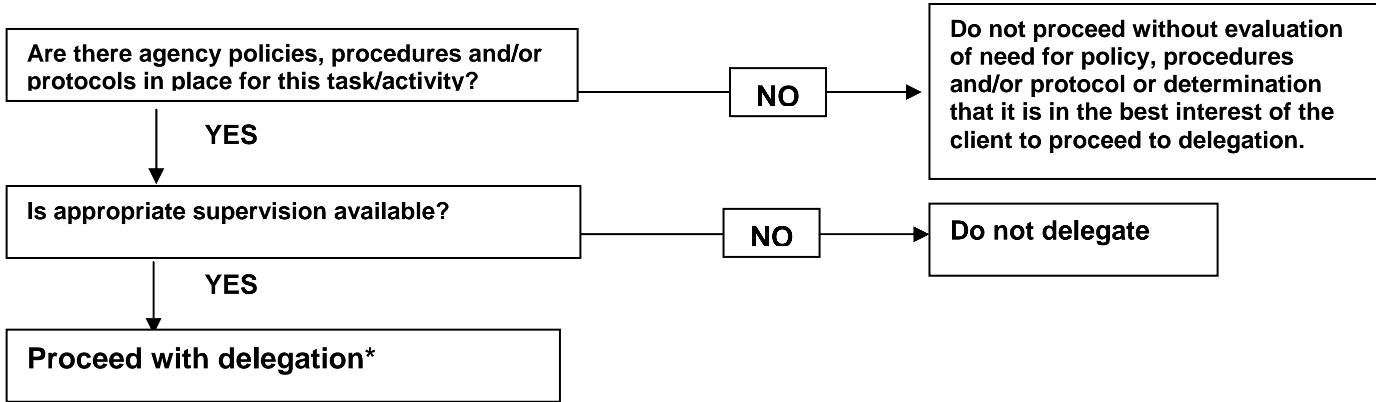
Organization-related Principles:

- 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.

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

Step One – Assessment and Planning





Step Two – Communication

Communication must be a two-way process

The nurse:	The nursing assistive personnel	**Documentation**: *Timely, complete and accurate documentation of provided care*

▪ 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
	▪ **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.
		▪ Facilitates communication with other members of the healthcare team
		▪ Records the nursing care provided.

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:	The nurse determines:	The nurse is responsible for:
▪ Client's health care status and stability of condition ▪ Predictability of responses and risks ▪ Setting where care occurs ▪ Availability of resources and support infrastructure. ▪ Complexity of the task being performed.	▪ The frequency of onsite supervision and assessment based on: o Needs of the client o Complexity of the delegated function/task/activity o Proximity of nurse's location	▪ 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.

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?

DELEGATION AND SUPERVISION

Guidelines for Registered Nurses Working With Unlicensed Assistive Personnel

Tennessee Nurses Association

*Reviewed and reaffirmed by the TNA Committee on Nursing Practice, March 23, 2009

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Introduction

Historically, nursing aides were hired to assist Registered Nurses (RNs). They had clearly defined parameters for training, job content, responsibilities and role limitations. Many RNs were comfortable in the delegation of tasks to this health care team member.

Changes in the health care landscape have produced unlicensed health care workers with a variety of titles, training, roles and expectations in all patient care settings. The settings in which they function and the kinds of tasks they are being asked to perform have grown in complexity. These changes have caused confusion among RNs about the appropriate utilization of unlicensed health care personnel as well as concern about their own liability in determining tasks to be delegated to the unlicensed person.

The Professional Nurse and UAP

Who are UAP?

Unlicensed Assistive Personnel (UAP) are individuals employed to function in an assistive role to the Registered Nurse (RN) and the Licensed Practical Nurse (LPN) in the provision of patient care. These patient care activities are most often delegated by and performed under the supervision of the RN. UAP are often permanently working as aides to RNs, assigned to and accountable to the RNs.

The roles of UAP are delineated by the employing organization's policies, and they may be trained by the employer as certified nursing assistants (CNAs), dialysis technicians, medical technicians, etc.

What are the areas of concern when working with UAP?

UAP are trained to perform a task, to make basic observations, and to report. They are not trained in critical thinking, which would require them to interpret cues (Boucher, 1998). When UAP are required to care for patients who are acutely ill or are asked to perform increasingly complex tasks without adequate professional nursing supervision, the risk of negative patient outcomes is likely to increase.

What does the American Nurses Association (ANA) say about working with UAP?

There is no substitute for professional nursing judgement and any decisions regarding delegation must be based on the welfare of the patient, no matter whether the patient is an individual, a family, or a community.

The ANA Code of Ethics for Nurses offers this principle related to delegation:
"The nurse acts to safeguard the client and the public when health care and safety are affected by the incompetent, unethical, or illegal practice of any person."

What does the law that regulates nursing practice in the state of Tennessee say about working with UAP?

The Nurse Practice Act in Tennessee, TCA § 63-7, defines the practice of professional nursing in Section 63-7-103 as follows:
(a) (1) "Practice of professional nursing" means the performance for compensation of any act requiring substantial specialized judgment and skill based on knowledge of the natural, behavioral and nursing sciences, and the humanities, as the basis for application of the nursing process in wellness and illness care"
(2) "Professional nursing" includes:

A. Responsible supervision of a patient requiring skill and observation of symptoms and reactions and accurate recording of the facts;
B. Promotion, restoration and maintenance of health or prevention of illness of others;
C. Counseling, managing, supervising and teaching of others;
D. Administration of medications and treatments as prescribed by a licensed physician, dentist, podiatrist or nurse authorized to prescribe pursuant to 63-7-123.
E. Application of such nursing procedures as involve understanding of cause and effect;
F. Nursing management of illness, injury or infirmity including identification of patient problems.

What is the difference in supervision, delegation and assignment?

Supervision, in its broadest sense, is the active process of directing, guiding and influencing the outcome of an individual's performance on a task or activity. Supervision thus includes aspects of both delegation and assignment.

Delegation means passing along the responsibility for an activity or performance of a task, but *not* the accountability for the process or the outcome of the task. Tasks therefore may be delegated to the UAP, but accountability remains with the registered nurse and the employing agency.

Assignment of an activity or task from one person to another includes the shift of responsibility *and* accountability for the performance of the activity or task. This may include other licensed personnel who are given assignments appropriate to their license and current experience and skills. UAP are not assigned responsibility or accountability. Therefore, overall supervisory responsibility remains with the person making the assignment, e.g., the RN, representatives of employing agencies, or the agency itself.

What parts of patient care may the RN safely and legally delegate to UAP?
Administrative Rule 1000-1-.04(2)(c) of the Tennessee Board of Nursing defines "assisting" and "adequate supervision" and describes the tasks usually delegated to assistive personnel.

"…**Assisting** is defined to mean helping, aiding or cooperating. **Adequate supervision** is defined to mean overseeing or inspecting with authority. The basic responsibility of the individual nurse who is required to supervise others is to determine which of the nursing needs can be delegated safely to others, and whether the individual to whom the duties are entrusted must be supervised personally. The following are **tasks** commonly performed by such persons:

1. Answers patients' signals, provides necessary assistance in conformance with delegated tasks, and notifies the appropriate nurse when the situation so indicates.
2. Assists with the admission, transfer and discharge of patients.
3. Assists with the dressing and undressing of patients.
4. Assists with the patients' baths.
5. Assists with the measuring of fluid intake and output of patients and the records on appropriate forms.
6. Assists with the collection of urine, stool, and sputum specimens.
7. Assists with the feeding of patients
8. Assists with the weighing of patients.
9. Assists with the making of patients' beds.
10. Assists with the application and removal of such protective devices as side rails, footboards, bed cradles...."

What guidelines may assist decision-making if the employer has added skills to the UAP job description other than those specified in the Rules of the Board of Nursing?

The responsibility remains with the RN to maintain a "nursing presence" with the patient, to value what she or he knows, and to delegate effectively (Boucher, 1998).

The Registered Nurse may delegate to UAP when there is:
- low potential for harm
- minimal complexity of nursing activity
- minimal required problem solving and innovation
- high predictability of outcome
- ample opportunity for patient interaction with the RN
- adequate RN ability to supervise the delegated activity and its outcome (Harrell, 1995)

Low potential for harm **–** The greater the risk for harm, the less likely it is that the task is one that is appropriate for delegation. Harrell (1995) defines harm as "increased risk for infection, hemorrhage, hypoxemia, nerve damage, or psychological distress." Black's Law Dictionary defines harm as "...the existence of loss or detriment in fact of any kind to a person resulting from any cause." The professional nurse must determine not only the nature of the task but the status of the patient for whom the task is being performed in deciding potential for harm.

Minimal complexity of nursing activities **–**When critical thinking and interpretation of complex cues are required, delegation to UAP is not appropriate. Nursing judgment is not a skill possessed by UAP. (Harrell, 1995)

Minimal required problem solving and innovation **–** When independent problem solving and flexible interventions are required, these are not activities that should be delegated. Routine, controllable tasks are appropriate for delegation. (Harrell, 1995)

High predictability of outcome **–** When the outcome of the patient care activity is reasonably predictable, it is appropriate to delegate. For example, a first post-operative ambulation should usually require the presence of a licensed person, while subsequent ones may be delegated. Even a more complex activity may be delegated to well-trained, competent UAP when a patient's typical response to the activity has been established, and a safe routine planned for that activity, e.g., ambulation of a patient who always experiences a degree of vertigo when standing. (Harrell, 1995)

Ample opportunity for patient interaction with the RN **–** The patient should always know who her/his registered nurse caregiver is for that shift, and should know to whom the UAP are answerable. In some cases, the RN may choose to provide care that could have been delegated in order to spend more time with the patient for the purpose of assessment. This choice must be made carefully with consideration for the impact on performance of professional activities related to other patients. (Harrell, 1995)

Adequate RN ability to supervise the delegated activity and its outcome **–** There are always barriers to delegation activities:

(1) *Agency policies and procedures* may be outdated (i.e., "we can't do it; it is against policy.") Examination and revision of some policies and procedures may free the professional nurse to create a safe, effective environment for appropriate delegation.

(2) *Inadequate training* of UAP as well as inadequate orientation to the specific nursing unit and types of patients are often obstacles in planning delegation. A competency based UAP training program, which the licensed nursing staff has helped develop and is familiar with, provides a standard on which to base delegatory decisions.

(3) *Lack of skill in supervising, teaching and mentoring* a less-skilled person.

Often licensed staff (who may have "grown up" with a form of primary care delivery) do not know how to appropriately accomplish work through others and would benefit from additional education.

(4) *Lack of confidence and trust* between licensed professionals and UAP. This may occur when either is a relatively new employee, when either perceives the other as minimally prepared or incompetent, when UAP fear having the majority of the workload "dumped" on them, when experienced UAP do not feel trusted, or when UAP are asked to perform tasks which they do not feel prepared to perform, and are afraid of alienating the RN by making this known.

(5) *Concerns about legal accountability.* Delegation must be consistent with the practice act of the state, the rules of the Board of Nursing, and the specific facility or agency policies and procedures. (Harrell, 1995)

In relation to delegating activities to UAP, what does the Tennessee Nurse Practice Act say about disciplining the RN?

In TCA §§63-7-115(a)(1), the law states: *"The board has the power to deny, revoke or suspend any certificate or license to practice nursing or to otherwise discipline a licensee upon proof that the person:*
(F) Is guilty of unprofessional conduct;…"

The Administrative Rules of the Tennessee Board of Nursing define unprofessional conduct of the RN and include the following actions related to delegation or assignment that are subject to disciplinary procedures.

Rule 1000-1-.13(1) *Unprofessional conduct, unfitness, or incompetency by reasons of negligence, habits or other causes, as those terms are used in the statute, is defined as, but not limited to, the following [includes items (a) through (u)]:*

- *(l) Assigning unqualified persons to perform functions of licensed persons or delegating nursing care functions and tasks and/or responsibilities to others contrary to the Nurse Practice Act or rules and regulations to the detriment of patient safety;*
- *(m) Failing to supervise persons to whom nursing functions are delegated or assigned;*
- *(r) Failing to take appropriate action in safeguarding the patient from incompetent health care practices;*
- *(s) Failing to report, through proper channels, facts known to the individual regarding incompetent, unethical or illegal practice of any health care provider.*

Background

The impact of increased use of UAP on patient care and outcomes is difficult to define and measure because multiple perspectives must be considered: patients, families, professional nurses, licensed practical nurses, physicians, facilities or agencies, and society. Efforts to measure this impact should include morbidity and mortality, a variety of quality of care outcomes, and satisfaction of patients, families, nurses, physicians, UAP and employing agencies. Although patients and families may not be aware of professional standards of care, satisfaction measures of outcomes from them are of some value. Of greater value in considering the impact of UAP are three recent publications, two from the University of Iowa and another from New York University, showing that inpatient care units with higher proportions of care delivered by registered nurses have lower rates of adverse patient outcomes. (Blegen & Vaughn, 1998; Blegen, Goode & Reed, 1998; Kovner & Gergen, 1998)

A significant concern among health care providers is the valuing of cost containment over quality outcomes. The UAP can be trained to perform a variety of patient care tasks. As cross-trained personnel, they may move freely between or among nursing units, and appear to be a less expensive use of human resources for the employing agency. Amid the rising profits and prolific physical plant expansions of institutions (Kusserow, 1992), the benefit of employing UAP is measured in accounting terms (Flood & Diers, 1988). However, accounting is the least effective tool for measuring patient outcomes. Until existing research that measures the patient outcome in terms of safety and quality of care is utilized by institutions, the increase in mortality and morbidity will continue (Modern Healthcare, 1993).

Summary

The RN retains the accountability for actions of the unlicensed persons (UAP) under her/his supervision. Therefore, it is incumbent upon the professional nurse to:

- know the policies and procedures of the institution regarding use of UAP
- know the Tennessee Nurse Practice Act and the Administrative Rules of the Board of Nursing regarding delegation
- ensure that the employing agency is aware of the law and the rules in relation to use of UAP
- participate in development of standardization of UAP training programs within the employing institution
- know the background and skill level of all UAP and request a history of training or demonstration of tasks from the new and unknown UAP
- improve delegatory and supervisory skills that include trust building with UAP, making patients aware of the RN role as well as the role of UAP
- participate in any studies of the utilization of UAP at the employing institution

It is beyond the scope of this document to address RN supervision of other licensed health care professionals. Resources such as position papers that address this supervisory role can be obtained by contacting specialty nursing associations. The Emergency Nurses Association has a position paper entitled “The Use of Non-Registered Nurse Caregivers in Emergency Care” that can be found, along with others, on their website at www.ena.org. Rules that govern the licensure requirements of health care facilities (Chapter 1200-8) may be obtained from the Department of Health, Bureau of Health Licensure and Regulation by visiting the State’s website at **http://www.state.tn.us/sos/rules/1200/1200-08/1200-08.htm** or by calling 615/741-7221.

Selected References

American Nurses Association. (1996). *Registered professional nurses & unlicensed assistive personnel.* Washington DC: American Nurses Publishing.

Blegen, M.A. & Vaughn, T. (1998). A multisite study of nurse staffing and patient occurrences. *Nursing Economics,* 16 (4), 196-203.

Blegen, M.A., Goode, C.J., & Reed, L. (1998). Nurse staffing and patient outcomes *Nursing Research,* 47 (1), 43-49.

Boucher, M.A. (1998). Delegation alert! *American Journal of Nursing,* 98 (2), 26-32.

Harrell, M.S. (1995). Practical strategies for delegation and team building in a redesigned environment. *Seminars for Nurse Managers,* 3, 180-184.

National Council of State Boards of Nursing, Inc. (1995) *Delegation: concepts and decision-making process.* Chicago, IL: National Council Publishing.

Parkman, C. (1996). Delegation: Are you doing it right? *American Journal of Nursing,* 96, (9), 43-47.