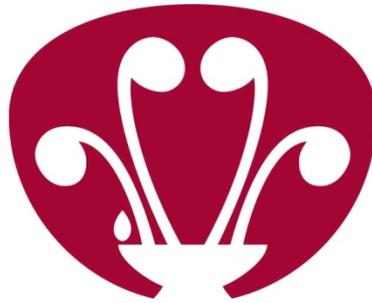




Nurses Association
OF NEW BRUNSWICK

PRACTICE GUIDELINE

Assigning, Delegating and Teaching Nursing Activities to Unregulated Care Providers



Mission

The Nurses Association of New Brunswick is a professional regulatory organization that exists to protect the public and to support nurses by promoting and maintaining standards for nursing education and practice, and by promoting healthy public policy.

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PREAMBLE

The health care system and care delivery models are being affected by the number, deployment and utilization of nursing resources. The ongoing changes to skill mix and service delivery models have created new working relationships between registered nurses (RN) and other health care providers. This phenomenon has contributed to an increased need to assign*, delegate* and teach* nursing activities* to other regulated or unregulated health care providers*(UCP) and as such, has become an important aspect of registered nurses'¹ practice in many settings whether within the health care settings* or the non-health care settings*.

Note: While other health care providers may have responsibility for assigning, delegating or teaching nursing activities, this document only addresses situations related to registered nurses.

¹ For this document, the term registered nurse includes nurse practitioners

*Words marked with an asterisk are defined within the glossary section



INTRODUCTION

The Nurses Association of New Brunswick (NANB) is committed to promoting the provision of safe, competent and ethical nursing care to the people of New Brunswick, at a level appropriate to each individual's needs and by the appropriate provider.

The Code of Ethics for Registered Nurses (2008) states that "nurses collaborate with other health-care providers and other interested parties to maximize health benefits to persons receiving care and those with health-care needs, recognizing and respecting the knowledge, skills and perspectives of all" (p.10).

The Practice Guideline: Assigning, Delegating and Teaching Nursing Activities to Unregulated Care Providers document, has been developed to support the practice of the RN when working with UCPs, clients and their significant others*. NANB's guidelines include information intended to provide guidance, instruction and direction to nurses and assist them in making informed decisions and further interpret the *Standards of Practice* and the *Code of Ethics for Registered Nurses*.



ASSIGNING NURSING ACTIVITIES

Assignment of nursing activities to a UCP occurs when **the required activity falls within the UCP's job description* and competence**, as defined by the employer. The employer is responsible and accountable for:

- developing job descriptions that clearly outline the nursing activities that can be assigned to a UCP in that agency/health institution and making that job description available to the nurse assigning the activities;
- ensuring that the UCP has completed appropriate training;
- addressing any identified gaps or deficiencies in the UCPs competence; and
- providing ongoing overall supervision* to assess the UCP's ability to perform the assigned activities within the job description.

REGISTERED NURSES' RESPONSIBILITIES WHEN ASSIGNING NURSING ACTIVITIES

The RN maintains responsibility for the overall client care which includes assessment and determination of client health status, care planning, interventions and care evaluation.

After determining care needs, the RN may implement the plan of care by providing direct nursing care for selected clients or by assigning specific nursing activities (not clients or functions*) to unregulated care providers. The RN is responsible and accountable for assigning nursing activities within the job description of the UCP and for providing guidance to the UCP. The UCP is responsible for the safe performance of the assigned nursing activity and for knowing what they are allowed to perform.

CONDITIONS FOR ASSIGNMENTS

To support the provision of safe, competent and ethical care the following conditions must be met prior to assigning nursing activities to UCPs:

1. the client's health status is stable and the his response to the proposed nursing activity is predictable;
2. the UCP has the ability to perform the assigned nursing activity safely; and
3. the RN provides support and supervision for the UCP.

Example of RN Assigning: *In a long term care facility, an RN, after proper assessment, assigns to an UCP the activity of assisting with activities of daily living such as bathing, dressing, and feeding. This is part of the UCP's training and job description in this establishment. For this reason, this is considered an ASSIGNMENT.*



DELEGATING NURSING ACTIVITIES

Delegation of nursing activities takes place in a health care setting*. Delegating to an unregulated care provider occurs when the required activity is performed primarily by RNs and is outside the job description and training of the UCP. The delegating nurse is responsible and accountable for the decision to delegate and for the process of delegation, including the education of the UCP and the ongoing supervision of the UCP's competence to perform the delegated nursing activity. The delegated activity is always client-specific and is determined to be in this client's best interest.

REGISTERED NURSES' RESPONSIBILITIES WHEN DELEGATING NURSING ACTIVITIES

As with assigning, RNs can delegate specific **nursing activities, not overall functions***, to unregulated care providers. The practice of nursing cannot be delegated, that is: the overall assessment, care planning and evaluation of care outcome. The RN maintains responsibility for the overall client care. The delegating RN is also responsible and accountable for providing ongoing supervision to assess the unregulated care provider's ability to perform the delegated activity. The UCP is accountable to the delegating RN for performing the delegated activity as taught and for reporting to the delegating RN according to the care plan and agency policies.

When determining the appropriateness to delegate, registered nurses must consider factors related to the client, the activity to be delegated, the care environment and the competence of the unregulated care provider.

CONDITIONS FOR DELEGATING

There are three steps to delegation: 1) the determination of the appropriateness to delegate; 2) the process of delegating; and 3) the documentation of the delegation process.

1) Determination of the appropriateness to delegate:

- The safety and well-being of clients must not be jeopardized. Consideration must be given to the stability of the client's health condition, the predictability of client responses to the required activity, and the competence and the wish of clients to direct their own care. Therefore, the delegation of nursing activities to an unregulated care provider is client-specific, that is, the unregulated health care worker cannot perform the activity on another client without it having been delegated by a RN.
- Agency policies and protocols must be in place to support RNs delegating nursing activities.

- The UCP must have sufficient direction, education, and support to safely perform the activity. When delegating an activity, the RN must also determine the level of supervision required. The level of supervision is dependent upon: the client population; predictability of outcomes of care; availability of resources for support/consultation as required; level of education, competence and skills of the UCP, nature and complexity of the nursing activity, risks involved in carrying out the procedure, client's condition; and the presence or absence of some factors which will help determine the decrease or increase of the supervision required.
- The responsibility and accountability of all those involved in providing care, including evaluation of the decision to delegate, must be made clear and agreed to by those involved.

2) The Process of Delegating:

Once the decision to delegate has been made, the RN begins the process of delegating the activity by ensuring that the UCP has the necessary knowledge, skills, and supervision, including support to perform the activity within the clearly defined limits. Delegation is always client-specific and not transferable, meaning that the UCP must not perform the delegated activity with another client. If any of these factors change, the RN may decide at any point, not to proceed with the delegation. Client's best interest must be considered at each stage of the decision to delegate.

3) Documentation of the delegation process:

The delegating RN has a responsibility to ensure that all aspects of care delegated have been documented as per NANB's *Practice Standard: Documentation* (2010). Documentation should clearly outline all decision-making processes, including the evaluation, and must be client specific. At each delegation, the names of those being delegated to must be clearly stated.

Example of RN Delegating: *In a hospital setting, an RN responsible for the care of a client with respiratory problems, decides after proper assessment to delegate to an UCP the nursing activity of installing a capillary oxygen saturation monitor on the client's finger and reporting the results to the RN. The RN teaches and demonstrates the activity, evaluates the execution of the activity and documents. This activity is not usually part of the UCP's training and job description for this workplace. For this reason, this is considered DELEGATING. The UCP is accountable to the RN for this activity.*

See Table A for a summary of similarities and differences between assignment and delegation of nursing activities.

TEACHING NURSING ACTIVITIES

In some situations, RNs may be required to teach* clients, clients' significant others or other individuals (i.e.; school teacher, UCP, camp counselor, adult residential facilities employees) how to perform a nursing activity. Teaching a selected nursing activity is considered providing instruction and determining that a person is competent to perform the activity as instructed. Although teaching is part of the delegation process, it is not equivalent to delegation. While delegation requires accountability, clients, significant others or other individuals who carry out a nursing activity are not accountable to the RN.

CONDITIONS FOR TEACHING NURSING ACTIVITIES

An RN may teach nursing activities when all of the following five conditions have been met.

1. Determination of the RN's own knowledge, skill and judgment to perform the activity competently.

RNs must practice within their own level of competence and comfort. The determination of own knowledge, judgment and competence to safely perform the activity to be taught is an important step in deciding if she will be the one teaching the specific activity to a client, significant other or to other individuals.

2. Appropriateness of teaching a particular activity.

The appropriateness of teaching an activity to a client, significant others or other individuals, will be influenced by the risks involved in having a specific activity performed by someone other than an RN, the overall condition of the client, the potential risks of the procedure, the ability of the learner to deal with the possible risks of performing the activity, and the type of supervision required and available in the situation. The setting will often determine the safeguards and resources available for supervision, consultation and ongoing assessment of the client's overall condition. Deciding that a client, significant other or other individuals may perform an activity will depend on the type of activity and the availability of an RN to assess the client's health condition and to intervene if necessary. For example, an RN would be readily available in a hospital or a nursing home, but less likely to be in a residential facility or in a client's home.

To decide whether it is safe and appropriate to teach a particular nursing activity to a client, significant others or other individuals, RNs should consider the following questions.

- Is teaching the nursing activity appropriate in this situation?
- What level of knowledge, skill and judgment is required to perform the activity safely?
- What are the risks and benefits to the client in performing the activity? What are the expected outcomes?
- Does the client have established, well-defined care needs, support systems and coping mechanisms? Is the client's response to the procedure predictable?



- Has the need for teaching the activity been established? Is the client, significant others or other individuals the most appropriate person in this particular situation to perform the activity given the nature of the activity, the client's condition and the resources available in the setting?
- Is performing the activity required frequently enough for the client, significant other or other individuals to maintain competence?
- Will there be adequate supervision in the setting?
- Who will be available in the setting to evaluate on-going competence?

3. Capacity to learn

RNs teaching a nursing activity must be able to identify if the client, significant other or other individual has the capacity to acquire the knowledge, skill and judgment to perform the activity safely, effectively and ethically and to recognize possible negative outcomes and deal with them appropriately.

4. Teaching

RNs coordinate client care activities to ensure continuity of health services for clients, including teaching. When teaching, RNs must adapt the teaching method accordingly to meet the learner's needs. RNs are also responsible and accountable to document the information provided, the steps of the activity as taught, conditions for performing the activity and the general indicators for seeking assistance. RNs teaching must ensure that the client, significant other or other individual receives clear instructions for performing the procedure. Therefore, the RN should provide written instructions for the activity including the expected signs of progress, and signs or symptoms that require the immediate attention of a nurse or other designated health care professional.

5. Evaluation of competence

As part of the teaching process the RN evaluates the competence of the client, significant other or other individual to perform the activity. This step is integral to ensuring patient safety.

Example of RN Teaching: *In an adult residential facility, the operator determines that he wants one of his employees to administer insulin to a resident. The operator, who is responsible for insuring that the employee who is expected to perform a nursing activity receives adequate preparation, hires an RN to teach the technique. The RN is responsible for: (1) determining the capacity of that employee to learn the technique along with any related risks and the management of those risks;; (2) evaluating the knowledge and skills; and (3) arranging for periodic supervision. The operator is responsible for adding this activity to the employee's job description. The employee remains accountable to the employer and not to the RN. For these reasons, this is considered TEACHING.*



EVALUATION OF ON-GOING COMPETENCE

Demonstrating competence to perform a procedure at one point in time does not ensure continuing competence. For example, although the registered nurse, after delegating or teaching may evaluate the ongoing competence of a UCP, it may be more appropriate for the employer to monitor ongoing competence as part of a performance appraisal. The RN with overall accountability for client care should ensure that arrangements for this important follow-up are made. The RN needs to consider the one most appropriate option in the situation.

The following are examples of approaches for the evaluation of ongoing competence.

1. *In an Adult Residential Facility, in consultation with the operator, the RN may arrange for another registered nurse to monitor the employee's, client's or family member's performance during regularly scheduled assessment visits.*
2. *The RN may decide that either the client or a significant other who coordinates the care is willing and able to monitor their own continuing competence. This decision needs to be based on the RN's assessment that the client's or significant others:*
 - *has demonstrated insight and sound judgment about his/her role;*
 - *has maintained a high level of competence to perform the procedure;*
 - *will have the opportunity to maintain this level of competence; and*
 - *has been given and understands written instructions for the procedure, as well as instructions regarding when, how and who to notify should specified conditions develop.*
3. *In a hospital setting, after delegating a specific activity to a UCP, the RN, in collaboration with the head nurse/manager, evaluates the performance of the delegated activity done by the UCP.*



CONCLUSION

RNs practice within a health care team which includes the client, client significant others, other regulated health care providers and unregulated health care providers. Assigning, delegating and teaching are part of the RN role within a collaborative approach to the provision of safe, competent and ethical care. RNs have a professional obligation to be knowledgeable about their role when assigning, delegating and teaching nursing activities and to intervene if they become aware of any situation of unsafe or unethical care.



GLOSSARY

ACCOUNTABILITY: The obligation to answer for the professional, ethical and legal responsibilities of one's activities and duties. Accountability resides in the role and can never be delegated away. Accountability is always about outcome, not processes, which are simply the means through which outcomes are achieved (Porter-O'Grady et Wilson, 1995).

ACTIVITY (nursing): An action that is part of a client care function. The activity has clearly defined limits.

ASSIGN/ASSIGNMENT: Allocation of client care activities among care providers in order to meet client care needs. Assignment occurs when the required care activity falls within the employing agency's policies and within the regulated health care provider's scope of practice.

COMPETENCE: The integration and application of knowledge, skill, attitude and judgment required to perform safely, ethically and appropriately within nursing practice or in a designated role or setting.

DELEGATE/DELEGATION: Sharing authority with other health care providers to provide a particular aspect of care. Delegation among regulated care providers occurs when an activity is within the scope of one profession and outside the scope of the other profession. Delegation is always client specific. Delegation to unregulated care providers occurs when the required nursing activity is outside the role description and training of the unregulated care provider.

FUNCTION: An intervention provided to a client. Performing a function includes assessing when to perform the function, planning and implementing the care and evaluating and managing the outcomes of the activity.

HEALTH CARE SETTINGS: Includes facilities, services or programs under the Regional Health Authorities, nursing homes, correctional facilities, military hospitals or clinics, and other agencies such as VON and other health care agencies.

JOB DESCRIPTION: A detailed statement of the work done in a particular position in an organization, which outlines the competencies required for that position.

NON-HEALTH CARE SETTINGS: All other settings not included in the definition of health care settings including but not limited to: adult residential facilities; client's homes; schools; summer camps, etc.

SIGNIFICANT OTHER: A person having importance in, or influence on, another's life.

STABLE CLIENT/CONDITION: One for whom there is no anticipated variation in care needs on a day-to-day basis and where the condition has predictable outcomes.

SUPERVISION: The provision of guidance or direction, support, evaluation and follow-up by the registered nurse for the purpose of achieving appropriate outcomes for the care which was delegated.

TEACH: Deciding to teach, providing instruction and determining competence to perform an activity.

UNREGULATED CARE PROVIDER: An unregulated care provider is a formal member of the healthcare team who is not regulated by legislation, who has a scope of employment defined by their employer based on their qualifications and educational preparation and who is accountable for their individual actions and decisions.



**TABLE A: ASSIGNMENT AND DELEGATION
OF NURSING ACTIVITIES**

	ASSIGNMENT	DELEGATION
Definitions	<p>Assignment occurs when the required activity falls within the unregulated care provider' job description and training, as defined by the employer.</p> <p>The employer is responsible and accountable for deciding which activities are included in the job description.</p> <p>The unregulated care provider is accountable to her/his employer for their performance of their job description.</p>	<p>Delegation occurs when the required activity is performed primarily by RNs and is outside the job description and training of an unregulated care provider. The delegated activity is client-specific and the delegation is determined to be in that client's best interest.</p> <p>The employer is responsible and accountable to ensure that the appropriate policies and procedures are in place to support the RN in delegating to UCPs. The delegating RN is responsible and accountable for the decision to delegate and the process of delegation including the ongoing supervision to assess the ability of the unregulated care provider to perform the delegated activity.</p> <p>The unregulated care provider is accountable to the delegating registered nurse for the performance of the delegated activity-</p>

<p>Similarities between assignment and delegation</p>	<p>Only activities, not overall functions can be assigned.</p> <p>The RN has ongoing responsibility and accountability for the overall assessment, determination of client status, care planning, interventions and care evaluation.</p>	<p>Only activities, not overall functions, can be delegated.</p> <p>The RN has ongoing responsibility and accountability for the overall assessment, determination of client status, care planning, interventions and care evaluation.</p>
<p>Differences between assignment and delegation</p>	<p>Assignment is not client-specific. The job description outlines the limits of the activity that is assigned to the unregulated care provider.</p> <p>The assigning RN must assign activity within the job description of the unregulated care provider and provide guidance to the unregulated care provider.</p> <p>The unregulated care provider's employer is responsible and accountable for providing ongoing supervision to assess the overall performance (i.e., performance appraisal) of the unregulated care provider.</p>	<p>Delegation is always client-specific. The delegating RN determines the limits of the activity that is delegated to the unregulated care provider.</p> <p>The delegating RN must determine that the unregulated care provider has the knowledge and skill to perform the activity within the clearly defined limits.</p> <p>The delegating RN is responsible and accountable for providing ongoing supervision to assess the unregulated care provider's ability to perform the delegated activity.</p>

ADDITIONAL RESOURCES

- Nurses Association of New Brunswick (2005). *Standards of Practice for Registered Nurses*. Fredericton: Author.
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