

Delegation

*Concepts and Decision-Making Process
National Council Position Paper, 1995*

Contents:

- [Introduction](#)
- [Purpose](#)
- [Premises](#)
- [Definitions](#)
- [Regulatory Perspective: A Framework for Managerial Policies](#)
- [Acceptable Use of the Authority to Delegate](#)
- [Delegation Decision-Making Process](#)
- [The Five Rights of Delegation](#)
- [Conclusion](#)
- [References](#)

Introduction

To meet the public's increasing need for accessible, affordable, quality health care, providers of health care must maximize the utilization of every health care worker and ensure appropriate delegation of responsibilities and tasks. Nurses, who are uniquely qualified for promoting the health of the whole person by virtue of their education and experience, must be actively involved in making health care policies and decisions; they must coordinate and supervise the delivery of nursing care, including the delegation of nursing tasks to others.

Issues related to delegation have become more complex in today's evolving health care environment, creating a need for practical guidelines to direct the process for making delegatory decisions. Accordingly, this paper expands and builds upon the National Council's 1987 and 1990 conceptual and historical papers on delegation by presenting a dynamic decision-making process and practical guidelines for delegation. (Hansten & Washburn, 1992)

Purpose

The purpose of this paper is to provide a resource for Boards of Nursing, health policy makers, and health care providers on delegation and the roles of licensed and unlicensed health care workers. The paper emphasizes and clarifies the responsibility of Boards of Nursing for the regulation of nursing, including nursing tasks performed by unlicensed health care workers, and the responsibility of licensed nurses to delegate nursing tasks in accord with their legal scopes of practice. It provides a decision-making tool which can be used in clinical and administrative settings to guide the process of delegation. This

paper also describes the accountability of each person involved in the delegation process and potential liability if competent, safe care is not provided.

Premises

The following premises constitute the basis for the delegation decision-making process.

1. All decisions related to delegation of nursing tasks must be based on the fundamental principle of protection of the health, safety and welfare of the public.
2. Boards of Nursing are responsible for the regulation of nursing. Provision of any care which constitutes nursing or any activity represented as nursing is a regulatory responsibility of Boards of Nursing.
3. Boards of Nursing should articulate clear principles for delegation, augmented by clearly defined guidelines for delegation decisions.
4. A licensed nurse must have ultimate responsibility and accountability for the management and provision of nursing care.
5. A licensed nurse must be actively involved in and be accountable for all managerial decisions, policy making and practices related to the delegation of nursing care.
6. There is a need and a place for competent, appropriately supervised, unlicensed assistive personnel in the delivery of affordable, quality health care. However, it must be remembered that unlicensed assistive personnel are equipped to assist--not replace--the nurse.
7. Nursing is a knowledge-based process discipline and cannot be reduced solely to a list of tasks. The licensed nurse's specialized education, professional judgment and discretion are essential for quality nursing care.
8. While nursing tasks may be delegated, the licensed nurse's generalist knowledge of patient care indicates that the practice-pervasive functions of assessment, evaluation and nursing judgment must not be delegated.
9. A task delegated to an unlicensed assistive person cannot be redelegated by the unlicensed assistive person.
10. Consumers have a right to health care that meets legal standards of care. Thus, when a nursing task is delegated, the task must be performed in accord with established standards of practice, policies and procedures.
11. The licensed nurse determines and is accountable for the appropriateness of delegated nursing tasks. Inappropriate delegation

by the nurse and/or unauthorized performance of nursing tasks by unlicensed assistive personnel may lead to legal action against the licensed nurse and/or unlicensed assistive personnel.

Definitions

Accountability: Being responsible and answerable for actions or inactions of self or others in the context of delegation.

Delegation: Transferring to a competent individual the authority to perform a selected nursing task in a selected situation. The nurse retains accountability for the delegation.

Delegator: The person making the delegation.

Delegatee: The person receiving the delegation. (a.k.a. Delegate)

Supervision: The provision of guidance or direction, evaluation and follow-up by the licensed nurse for accomplishment of a nursing task delegated to unlicensed assistive personnel.

Unlicensed Assistive Personnel (UAP): Any unlicensed personnel, regardless of title, to whom nursing tasks are delegated.

Regulatory Perspective: A Framework for Managerial Policies
Boards of Nursing have the legal responsibility to regulate nursing and provide guidance regarding delegation. Registered Nurses (RNs) may delegate certain nursing tasks to Licensed Practical Nurses/Vocational Nurses (LPN/VNs) and unlicensed assistive personnel (UAP). In some jurisdictions, LPN/VNs may also delegate certain tasks within their scope of practice to unlicensed assistive personnel. The licensed nurse has a responsibility to assure that the delegated task is performed in accord with established standards of practice, policies and procedures. The nurse who delegates retains accountability for the task delegated.

The regulatory system serves as a framework for managerial policies related to the employment and utilization of licensed nurses and unlicensed assistive personnel. The nurse who assesses the patient's needs and plans nursing care should determine the tasks to be delegated and is accountable for that delegation. It is inappropriate for employers or others to require nurses to delegate when, in the nurse's professional judgment, delegation is unsafe and not in the patient's best interest. In those instances, the nurse should act as the patient's advocate and take appropriate action to ensure provision of safe nursing care. If the nurse determines that delegation may not appropriately take place, but nevertheless delegates as directed, the nurse may be disciplined by the Board of Nursing.

Acceptable Use of the Authority to Delegate

The delegating nurse is responsible for an individualized assessment of the patient and situational circumstances, and for ascertaining the competence of

the delegatee before delegating any task. The practice-pervasive functions of assessment, evaluation and nursing judgment must not be delegated. Supervision, monitoring, evaluation and follow-up by the nurse are crucial components of delegation. The delegatee is accountable for accepting the delegation and for his/her own actions in carrying out the task. The decision to delegate should be consistent with the nursing process (appropriate assessment, planning, implementation and evaluation). This necessarily precludes a list of nursing tasks that can be routinely and uniformly delegated for all patients in all situations. Rather, the nursing process and decision to delegate must be based on careful analysis of the patient's needs and circumstances. Also critical to delegation decisions are the qualifications of the proposed delegatee, the nature of the nurse's delegation authority set forth in the law of the jurisdiction, and the nurse's personal competence in the area of nursing relevant to the task to be delegated.

Delegation Decision-Making Process

In delegating, the nurse must ensure appropriate assessment, planning, implementation and evaluation. The delegation decision-making process, which is continuous, is described by the following model:

- I. Delegation criteria
 - A. Nursing Practice Act
 1. Permits delegation
 2. Authorizes task(s) to be delegated or authorizes the nurse to decide delegation
 - B. Delegator qualifications Within scope of authority to delegate
 1. Appropriate education, skills and experience
 2. Documented/demonstrated evidence of current competency
 - C. Delegatee qualifications
 1. Appropriate education, training, skills and experience
 2. Documented/demonstrated evidence of current competency

Provided that this foundation is in place, the licensed nurse may enter the continuous process of delegation decision-making.

- I. Assess the situation
 - A. Identify the needs of the patient, consulting the plan of care
 - B. Consider the circumstances/setting

- C. Assure the availability of adequate resources, including supervision

If patient needs, circumstances, and available resources (including supervisor and delegatee) indicate patient safety will be maintained with delegated care, proceed to III.

- 1. Plan for the specific task(s) to be delegated
 - A. Specify the nature of each task and the knowledge and skills required to perform it
 - B. Require documentation or demonstration of current competence by the delegatee for each task
 - C. Determine the implications for the patient, other patients, and significant others

If the nature of the task, competence of the delegatee, and patient implications indicate patient safety will be maintained with delegated care, proceed to IV.

- 1. Assure appropriate accountability
 - A. As delegator, accept accountability for performance of the task(s)
 - B. Verify that delegatee accepts the delegation and the accountability for carrying out the task correctly

If delegator and delegatee accept the accountability for their respective roles in the delegated patient care, proceed to V.

- 1. Supervise performance of the task
 - A. Provide directions and clear expectations of how the task(s) is to be performed
 - B. Monitor performance of the task(s) to assure compliance to established standards of practice, policies and procedures
 - C. Intervene if necessary
 - D. Ensure appropriate documentation of the task(s)

- 1. Evaluate the entire delegation process
 - A. Evaluate the patient
 - B. Evaluate the performance of the task(s)
 - C. Obtain and provide feedback

1. Reassess and adjust the overall plan of care as needed

The Five Rights of Delegation provide an additional resource to facilitate decisions about delegation.

The Five Rights of Delegation

- Right Task
One that is delegable for a specific patient.
- Right Circumstances
Appropriate patient setting, available resources, and other relevant factors considered.
- Right Person
Right person is delegating the right task to the right person to be performed on the right person.
- Right Direction/Communication
Clear, concise description of the task, including its objective, limits and expectations.
- Right Supervision
Appropriate monitoring, evaluation, intervention, as needed, and feedback.

Conclusion

The guidelines presented in this paper provide a decision-making process that facilitates the provision of quality care by appropriate persons in all health care settings. The National Council of State Boards of Nursing believes that this paper will assist all health care providers and health care facilities in discharging their shared responsibility to provide optimum health care that protects the public's health, safety and welfare.

Reference

Hansten, R. & Washburn, M. (1992). Delegation: How to deliver care through others. *American Journal of Nursing*. 92 (8), 87, 88, 90.