

ANA's Principles for Practice

ANA's

Principles for Delegation

**by Registered Nurses to Unlicensed
Assistive Personnel (UAP)**



Silver Spring, Maryland
2012

Summary

ANA's 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

ANA's Principles for Delegation by Registered Nurses to Unlicensed Assistive Personnel (UAP) 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, this document is intended to be useful for RNs practicing across the continuum of care.

Notes on Terminology

The word *nurse* is specific to the professional registered nurse. *Nursing's Social Policy Statement: The Essence of the Profession* (ANA, 2010b) 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, whereas *healthcare consumer* can represent an individual or group.

Unlicensed assistive personnel replaces the term *nursing assistive personnel* that was used in the previous delegation principles document (ANA, 2005). These individuals may be identified as nurses' aides, certified nursing assistants, orderlies, attendants, health aides, or other position designations or 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 or state statute equivalent is the legal authority for nursing practice in each state.

Today's Nursing Practice Environment

Registered nurses are accountable to the public for providing culturally sensitive, safe, timely, efficient, patient-centered, equitable, and effective nursing care for healthcare consumers in a variety of settings across the continuum of healthcare. These settings include but *are not limited to* acute care settings, long-term care facilities, nursing homes, ambulatory care settings, community and public health centers, private homes, 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 caregivers. Healthcare 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 (ANA, 2010b).

The profession defines the scope and standards of nursing practice. State nurse practice acts, or state statute equivalents, 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, qualifications and abilities of the personnel to whom the task is delegated, and the context of other patient needs.

The registered 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” (Fowler, 2008, p. 156). All decisions related to delegation, as well as 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 recipient of nursing and healthcare services—the patient—whether the recipient is an individual, family, group, or community” (Fowler, 2008, p. 150).

Nursing tasks or activities may be performed by non-RN members of the healthcare team. Members of this team may include unlicensed assistive personnel (UAP) and caregivers, as well as other licensed healthcare workers, such as licensed practical nurses/licensed vocational nurses (LPNs/LVNs). 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.

RNs often delegate nursing tasks to other team members. RNs within the healthcare team are accountable for determining the level of supervision needed and for supervising those to whom they have delegated tasks. RNs are accountable for the decision to delegate and for the adequacy of nursing care provided to the healthcare consumer. The delegating RN retains accountability for the patient outcomes associated with nurse delegation, provided the person to whom the task was delegated performed it as instructed.

Challenges in today's healthcare environment make greater demands on RNs to have the knowledge and critical thinking skills to effectively delegate to others. Acutely ill and more complex patients, extensive pharmacological therapies, the increasing role of the individual in making healthcare decisions, and increased use of technology characterize today's healthcare workplace. Additional challenges include the varying education and experience levels of RNs, the increasing and expanding use of UAP, and the time required to effectively and safely monitor and supervise UAP and delegated work. Inconsistent facility or agency expectations regarding UAP duties or tasks, coupled with minimal (if any) formal training, can lead to an unstable and, in some cases, a less qualified workforce.

The dynamics of a continuously changing healthcare climate and the expectations of the nursing profession compel RNs, as members of the interprofessional 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” (Fowler, 2008, p. 44).

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” (ANA, 2010a, 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 HealthCare Management [CHCM], 2007, p. 34). RNs have authority, or legitimate power, to analyze assessments, plan nursing care, evaluate nursing care, and exercise nursing judgment.

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. “Critical thinking in nursing is an essential component of professional accountability and quality nursing care. Critical thinkers in nursing exhibit these habits of the mind: confidence, contextual perspective, creativity, flexibility, inquisitiveness, intellectual integrity, intuition, open-mindedness, perseverance, and reflection. Critical thinkers in nursing practice the cognitive skills of analyzing, applying standards, discriminating, information seeking, logical reasoning, predicting and transforming knowledge” (Scheffer & Rubenfeld, 2000, p. 357).

Delegation. Delegation generally involves assignment of the performance 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. Examples of nursing activities that cannot be delegated to unlicensed assistive personnel include

assessment and evaluation of the impact of interventions on care provided to the patient (adapted from Fowler, 2008, 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 performance of the task but retains professional accountability for the overall care” (ANA, 2010a, p. 64).

Healthcare consumer. “The person, client, family, group, community, or population who is the focus of attention and to whom the registered nurse is providing services as sanctioned by the state regulatory bodies” (ANA, 2010a, p. 65).

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” (ANA, 2010b, p. 41).

Responsibility. The ANA has stated that responsibility involves liability with the performance of duties in a specific role (ANA, 2001). Responsibility is a two-way process that is both allocated and accepted (adapted from CHCM, 2007, p. 34; Weydt, 2010). 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, the National Council of State Boards of Nursing (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 (ANA & NCSBN, 2006).

Unlicensed assistive personnel (UAP). An umbrella term to describe a job class of paraprofessionals who assist individuals with physical disabilities, mental impairments, and other healthcare needs with their activities of daily living and provide care—including basic nursing procedures—all under the supervision of a registered nurse, licensed practical nurse, or other healthcare professionals. They provide care for healthcare consumers in need of their services in hospitals, long-term care facilities, outpatient clinics, schools, private homes, and other settings. UAP by definition do not hold a license or other mandatory professional requirements for practice, though many hold various certifications.

Principles for Delegation

The following principles provide guidance and inform the registered nurse's decision-making about delegation:

- 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 and intensity 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/agency is accountable to provide sufficient resources to enable appropriate delegation.
- The organization/agency is accountable for ensuring that the RN has access to documented competency information for staff to whom the RN is delegating tasks.
- Organizational/agency policies on delegation are developed with the active participation of registered nurses.

Education

Delegation is a skill set that must be taught and practiced for nurses to become 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, *Nursing's Social Policy Statement: The Essence of the Profession* (2010b), *Nursing: Scope and Standards of Practice, Second Edition* (2010a), and *Code of Ethics for Nurses with Interpretive Statements* (2001).

One model of self-appraisal of critical thinking skills, adapted from Hansten and Jackson (2009), includes eight steps:

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—illness, short staffing, stress at home—warning you that your thinking ability may be less than optimal and may thereby reduce your 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.”
8. Use a model for creative thinking and problem-solving to habituate step-by-step critical thinking processes.

RNs must be educated and mentored on how to delegate and supervise UAP effectively, including giving and receiving feedback and evaluating patient outcomes following performance of the delegated task. Nurse educators are encouraged to provide programs that include the principles for delegation and address areas in need of improvement.

Care Provision

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
 - b. Condition to determine if it is stable and predictable
 - c. Environment where care will be provided
2. Develop a plan of care with the healthcare consumer and his/her family, identifying the delegable task and intended outcome as part of the overall plan of care. Involving and educating healthcare consumers and their families about appropriate expectations of the roles of care providers promotes a safer environment and improved patient outcomes. The plan of care should include:
 - a. Baseline status of the healthcare consumer
 - b. Specific unchanging task performance steps
 - c. When and to whom the UAP need to report if the baseline status is changed
 - d. Documentation of 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/agency 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?
 - f. Is RN supervision of the UAP available?
4. Monitor implementation of the delegated task as appropriate to the overall plan of care.

5. Evaluate overall condition of the healthcare consumer and the consumer's response to the delegated task.
6. Evaluate the UAP's skills and performance of tasks and provide feedback for improvement if needed.

Consistent with *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.

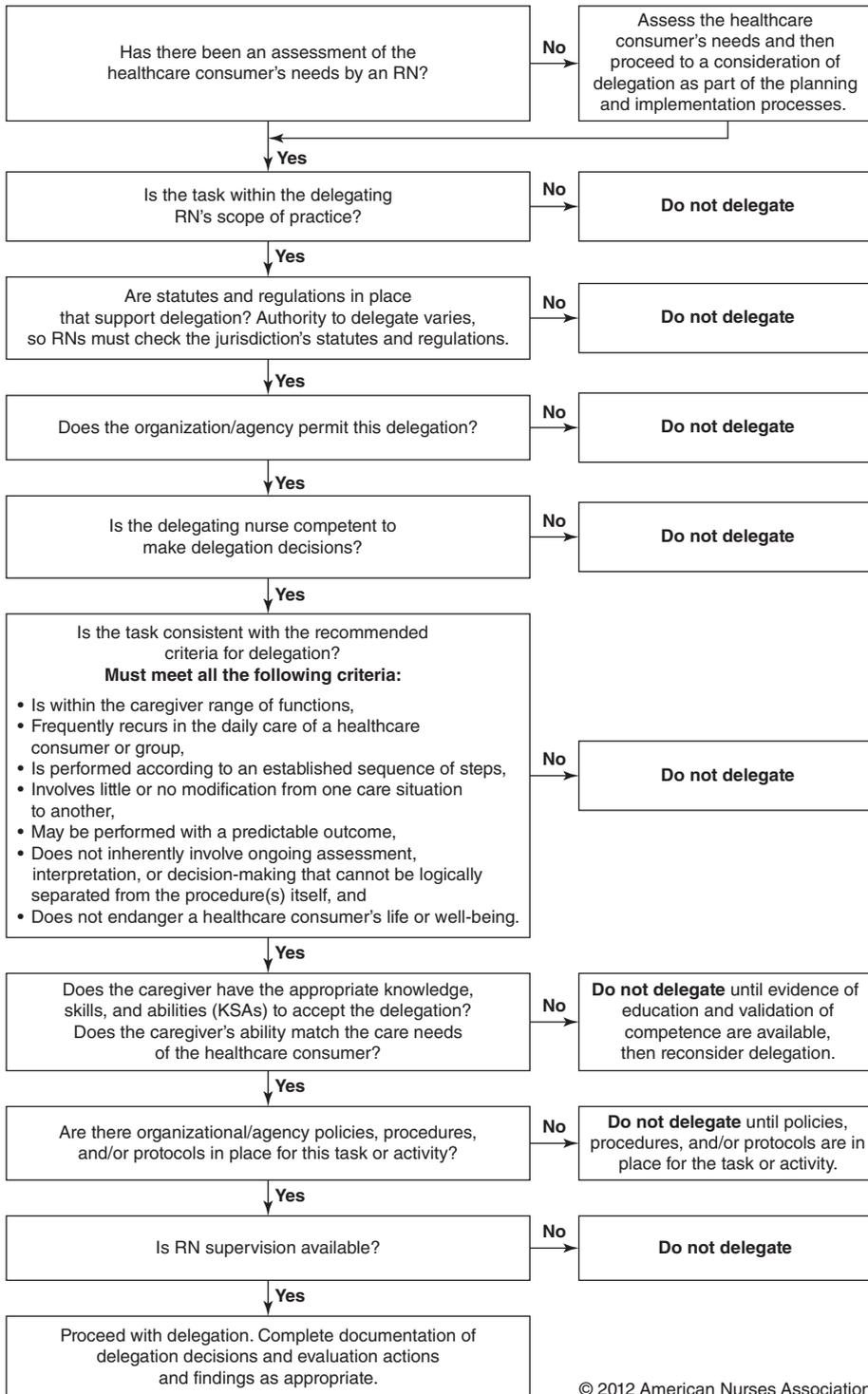
Delegation Decisions

Registered nurses are expected to be knowledgeable about the principles of delegation, associated risks and benefits, and state laws and regulations governing their practice. Valuable resources are the profession's foundational documents, including *Code of Ethics for Nurses with Interpretive Statements* (ANA, 2001), *Nursing: Scope and Standards of Practice, Second Edition* (ANA, 2010a), and *Nursing's Social Policy Statement: The Essence of the Profession* (ANA, 2010b); specialty nursing organization references; and the state nurse practice acts and other regulatory documents or position statements regarding the role of the RN in delegating tasks.

This document, *ANA's Principles for Delegation by Registered Nurses to Unlicensed Assistive Personnel (UAP)*, is designed to provide overarching principles and relevant strategies for practice in situations where registered nurses delegate tasks to unlicensed assistive personnel. RNs must check with their state board of nursing to ascertain state-specific differences related to delegation. The final professional decision to proceed with delegation to unlicensed assistive personnel ultimately rests with the registered nurse.

The delegation decision-making process is shown in the flowchart on the next page.

Decision Tree for Delegation by Registered Nurses



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About ANA

The American Nurses Association (ANA) is the only full-service professional organization representing the interests of the nation's 3.1 million registered nurses through its constituent/state member nurses associations and its organizational affiliates. The ANA advances the nursing profession by fostering high standards of nursing practice, promoting the rights of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on healthcare issues affecting nurses and the public.

This ANA publication—*Principles for Delegation by Registered Nurses to Unlicensed Assistive Personnel*—reflects the thinking of the nursing profession on various issues and should be reviewed in conjunction with state board of nursing policies and practices. State law, rules, and regulations govern the practice of nursing, while this publication guides nurses in the application of their professional skills and responsibilities. This publication is one of three that comprise the Principles for Practice package, which can be ordered as product# **PPP2010** by calling 1-800/637-0323 or from www.Nursesbooks.com.