Delegation in Assisted Living

Prepared for:
Wisconsin Health Care Association
Summary and Objectives

Those who manage people and tasks cannot manage everything themselves. Because of the pressure to reduce healthcare costs, many employers of Nurses have increased their use of unlicensed assistive personnel (UAP). There are numerous benefits of delegation which include:

- Promoting a team environment and lead to increased productivity
- Increase communication between manager and employees
- More staff involvement leads to ownership of ideas and shared goals
- Identifies early on future leaders and managers
- Assist in facilitating a balanced workload, and provide time to have a life outside of work

In light of the benefits it is very important for Nurses to identify which nursing tasks can be safely delegated.

Objectives: At the end of this session participants will be able to:

- Understand the delegation process
- Verbalize effective ways to delegate
- Recognize barriers to effective delegation
- Describe delegation as it applies to their health care organization
- Understand the risk related to the appropriateness of the delegation to an individual

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She has over 12 years of experience in the health care industry as a registered nurse and licensed nursing home administrator. Eight of those years were spent working in direct patient care within a long-term care environment where she learned how to combat challenges both from an industry perspective as well as a regulation, compliance, and legal standpoint. Jacqueline’s past experience includes roles as a regional director of health care services, director of nursing, corporate clinical project manager, corporate MDS supervisor, and registered nurse. She maintains membership in the Illinois Nurses Association. Jacqueline is also a legal nurse consultant, certified restorative nurse, and certified CNA instructor.
What Is Delegation?

American Nurses Association (ANA) and National Council of State Boards of Nursing (NCSBN)

Delegation is the process for a nurse to direct another person to perform nursing tasks and activities.

Oregon State Board of Nursing Administrative Rules

Delegation means that a nurse authorizes an unlicensed person to perform a task of nursing care in selected situations and indicates that authorization in writing. The delegation process includes nursing assessment of a client in a specific situation, evaluation of the ability of the unlicensed persons, teaching the task, ensuring supervision of the unlicensed person, and reevaluating the task at regular intervals.

Joint Statement on Delegation ANA/NCSBN (excerpts)

- Delegation is an essential nursing skill
- State nurse practice acts define the legal parameters for nursing practice
- There is a need for competent appropriately supervised UAPs in the delivery of affordable quality health care.
- The RN delegates tasks based on the needs and the 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 protection of the health safety and welfare of the public.
- The RN may delegate components of care but does not delegate the nursing process (Assessment, Planning, Evaluation).
- There is both individual accountability and organizational accountability for delegation.
RN Delegation Highlights

- Accept only those delegated acts for which the RN is competent to perform based on his or her nursing education, training, or experience. If uncertain about a task, seek consultation from a knowledgeable RN.
- Delegate tasks commensurate with educational preparation and demonstrated abilities of the person supervised. If the delegated task requires complex nursing skill and judgement, do not delegate.
- Provide direction and assistance to those supervised.
- Observe and monitor the activities of those supervised.
- Evaluate the effectiveness of acts performed under supervision.
- Document all details of the delegated task(s), as well as resident’s response.

7 Reasons Why RNs Don’t Delegate

<table>
<thead>
<tr>
<th>Statement</th>
<th>Could Mean</th>
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<tbody>
<tr>
<td>“I don’t have time to delegate”</td>
<td>Fear of inability to adequately explain the task or teach the staff member the skills necessary for a delegated task.</td>
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<td>“I’m not sure what I can delegate”</td>
<td>Lack of understanding of state regulations and guidelines concerning delegation.</td>
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<td>“Too many documentation requirements of a delegated task”</td>
<td>No experience in delegating; uncertainty of the documentation requirements.</td>
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<td>“I have to know the task is done right”</td>
<td>Fear of losing control of a task that is ultimately the nurse’s responsibility; fear of transparency.</td>
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<td>“My staff does not have enough experience”</td>
<td>Lack of confidence in staff r/t not knowing staff.</td>
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<td>“I can lose my license if the task is done wrong”</td>
<td>Anxiety/fear about possible professional disciplinary actions arising from delegating to UAP.</td>
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<td>“I don’t believe that unlicensed personnel should be allowed to perform nursing tasks”</td>
<td>Fear that nurses are delegating themselves out of a position and will be replaced after training UAPs to perform nursing tasks.</td>
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What Tasks Can Be Delegated in Assisted Living?

**DHS 83.37(2)(e)**
Injectables, nebulizers, stomal and enteral meds, and meds, treatment, preparations delivered rectally or vaginally shall be administered by an RN or LPN within the scope of their license. Such med administration may be delegated to nonlicensed employees pursuant to **N 6.03(3)**

*Delegated Acts*

Examples... Direct Resident Care Activities

- Inhaled medications
- Nebulizer treatments
- O2 Setup
- Tube feedings
- Colostomy care
- Rectal suppositories, medications, treatments
- Vaginal suppositories, medications, treatments
- Injectable medications (i.e., insulin)
The Five Rights of Delegation

The RN uses critical thinking and professional judgment when following the Five Rights of Delegation.

1. **Right Task**: The task is appropriate for delegation.
2. **Right Circumstances**: The appropriateness of the patient setting, available resources, and other relevant factors are considered.
3. **Right Person**: The right person (RN) is delegating the right task to the right person (UAP) to be performed on the right person (Resident).
4. **Right Direction/Communication**: A clear, concise description of the task, including its objective, limits, and expectations.
5. **Right Supervision**: Appropriate monitoring, evaluation, intervention, and feedback are provided.

Reference NCLEX, 1995

Decision Tree For Nurse Delegation

This decision tree for nurse delegation was developed to help RNs make decisions about delegation. It is intended to guide RNs in determining whether a task is appropriate for delegation based on various factors.

1. Is the task within the registered nurse's scope of practice? **Yes**
2. Are the patient's needs consistent with the RN's role and scope of practice? **Yes**
3. Are the patient's needs not urgent or life-threatening? **Yes**
4. Can the task be safely performed by the UAP? **Yes**
5. Will the UAP receive appropriate supervision and feedback? **Yes**
6. Will the delegation be consistent with the agency's policies and procedures? **Yes**

If the answer to any of these questions is **No**, refer to the next step in the decision tree.
Delegate Based on the Nursing Process

Assess
- The Resident's condition and behavior should be stable and predictable. If Resident condition is clinically complex and/or unstable, Do Not Delegate.
- Assess staff member (i.e., Medication Aide, CNA): Delegate tasks commensurate with educational preparation and demonstrated abilities of the person supervised. Assess staff member's ability to perform the delegated task.
- Assess the Task: Task must be within the RN's scope of practice, and competent to perform based on his/her nursing education, training, or experience.

*Any task requiring nursing judgment: do not delegate.

Reference N6.03

Planning

- Provide staff member with specific verbal/written instructions, pictures, graphs, charts, etc.
- Ensure a clear description of the steps to follow.
- Ensure task is specific to an individual Resident.
- Delegation should be specific to one staff member at a time; each staff member's competency must be evaluated on an individual basis.
Implementation

- After detailed verbal/written instructions have been provided the UAP has had time to ask questions and share any concerns, and the UAP has been taught to perform the task
- Accompany staff member (UAP) to the Resident's Apartment
- Observe staff member perform the task
- Gently correct and guide as necessary
- Document complete process of delegation and the competency of staff member

Evaluation

- Assess the resident’s response to the task (i.e., responded well to UAP performance of delegated task, complained about UAP technique, etc.)
- Assess resident’s condition (i.e. remains stable and predictable, tolerated delegated task well)
- Assess the competency of the UAP and document the delegated task supervised
- Determine if any re-training is needed
- Determine if rescinding the delegated task is needed (i.e., task not performed correctly, resident/family request, resident safety compromised, resident condition change, staff turnover)
- Determine frequency of evaluation for reassessment of UAP competency (i.e., every 90 days x3 quarters and yearly thereafter)

What Should Be Documented?

DHS 83.26 Documentation
(1) The CBRF shall maintain documentation of all employee training under s. DHS 83.21 and task specific training under s. DHS 83.22 and shall include the name of the employee, the name of the instructor, the dates of training, a description of the course content, and the length of the training. (2) Employee orientation and hours of continuing education shall be documented in the employee’s file.
Example of Documented Task

- Community Name:
- UAP Name:
- RN Name:
- Delegated Task and Expected Outcome:
- Date Task Delegated:
- Total Teaching Time:
- Teaching Provided: (i.e., include copies of written instructions/teaching aids, narrative of steps provided to complete the task)
- Medication/Treatment Name:
- MD orders:

Example of Documented Task (Continued)

- Resident Name:
- MD Name:
- MD Phone Number:
- What to Report to MD: (i.e., change in condition, resident refusal, client goes to ER)
- RN Phone Number:
- What to Report to RN: (i.e., change in condition, order changes, resident refusal, problems with performing the task, unable to perform task, client goes out to ER)
- Date completed:
- Observation(s) of task performance: (i.e., UAP performed task satisfactorily, excellently, or needs practice)
- Date UAP competency to be reevaluated: (i.e., once a week for first 30 days, then every 90 days x 3 quarters and yearly thereafter)
RN Delegation Prep Recommendations

• Review your state guideline on delegation and facility policies
• Make a list of tasks that need to be delegated
• Use the Decision Tree to determine if the task can be delegated
• Define the expected outcome of the task(s)
• Consider your competency; assess whether you need to consult with an RN concerning the task you will be delegating.

RN Delegation Prep Recommendations (Continued)

• Prepare to explain the task and importance of the task, explain the desired results, explain expectations.
• Select teaching aids to be used.
• Determine frequency of evaluation for reassessment of UAP competency (i.e., observe "insulin injection" once a week for first 30 days, then every 90 days x3 quarters and yearly thereafter).
• Create a skills checklist.
• Decide and match UAPs to selected task to be delegated.

Staff Assessments and Considerations

• What skills do they possess?
• What are their strengths and weaknesses?
• Are they willing? If not, what can you do to motivate them?
• What has been their history of compliance?
• What are their current workloads? Do they have time to complete a task adequately?
Example of Skills Checklist

<table>
<thead>
<tr>
<th>Delegated Task</th>
<th>Competent</th>
<th>Not Competent</th>
<th>Observations/Comments (needs practice)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remove MM/meds (must inspect expiration).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify resident (need to ask name).</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>دورًا  a mirror or 2 pen, pencil needed.</td>
<td></td>
<td></td>
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<tr>
<td>Knock &amp; identify resident.</td>
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<tr>
<td>Identify resident.</td>
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<tr>
<td>State purpose of visit.</td>
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<tr>
<td>Read labels, apply gloves.</td>
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<tr>
<td>Check site, administer insulin.</td>
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<td></td>
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<tr>
<td>Prepare epi, wash hands.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Insulin administration &amp; any problems documented.</td>
<td></td>
<td></td>
<td>Include UAP’S Name, Date, RN Signature</td>
</tr>
</tbody>
</table>

Examples of Teaching Aids - Insulin Injections

**Difference Clear/Cloudy Insulins**

- Types of Insulin onset/duration

**Different types of insulin pens**

- Instruct how to apply needle and give injection

Examples of Teaching Aids - Insulin Injections (Continued)

**Full body injection sites**

- How to inject insulin

**Abdominal/day of week**

- YES
- NO
Other Tasks That Can Be Delegated

Clerical Tasks
Chart audits (i.e., ensuring all required documentation is present)
Assemble resident charts for admission
Disassemble resident charts after discharge
Faxing/follow up on MD orders
TB tracking of residents/employees
Updating emergency evacuation roster
Updating CNAs worksheets
Filing (i.e., checking MARs for holes before filing)

List not exhaustive

Indirect Resident Tasks That Can Be Delegated (Continued)

Stocking/Cleaning
• Medication room is neat and orderly
• Medications labeled and dated
• Medication carts are stocked and clean
• Medical records storage area is neat and orderly
• Stock utility rooms are neat and orderly (i.e., incontinent supplies properly labeled)
• Ensure environment is clean (i.e., counter tops clean, wastebaskets in resident apartments are emptied, etc.)

List not exhaustive
Benefits of Delegation

- Delegation allows you to make the best use of your time, and it helps team members to grow and develop to reach their full potential in the organization.

- Delegating tasks improves teamwork and communication, and developing your team makes them more efficient and flexible.

- Delegating effectively ensures that everyone has an equal amount of work. The fairness in spreading out the work will gain you respect from your staff members.

- Delegating tasks reduces stress levels, and allows for a life outside of work.

Benefits of Delegation (Continued)

Giving your staff members interesting and challenging tasks shows that you trust them and have confidence in their abilities. Involving your staff causes them to feel valued, accepted, and a part of the organization. Interesting tasks makes the work more enjoyable, which can result in a significant decrease in staff turnover!
Thought to Ponder

No Man or Woman is an island

Those who manage people and tasks cannot do everything by themselves.

Anonymous

Questions?

Thank you!
Conflict of Interest

Neither Jacqueline Arthur nor the education planning committee has an affiliation or relationship of a financial nature with a Commercial Interest Organization that might bias a person’s ability to objectively participate in the planning, implementation, or review of a learning activity.

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