Module 5: Delegation

Introduction

Appropriate delegation is required by the Nurse Practice Act for each professional nurse and team member. Appropriate delegation can build the working team’s confidence and efficiency. Some delegation tasks are unique to the organization and unit. The preceptor has the obligation to teach delegation to the orientee for the safety of the client, the legal standing of the organization, and for building the team of working professionals. Using Benner’s Model, appropriate delegation skills are learned over time and with experience.

Example: A novice delegator will delegate no tasks due to lack of confidence or will delegate with minimal follow-up due to lack of knowledge. The expert nurse will appropriately delegate according to the team members’ abilities and will have appropriate follow-up especially when sensing a change in the patient’s status.

If you model good delegation techniques to your new orientee, you are setting them up for success and feeling comfortable with delegation.
Defining Delegation

“...since the nurse is accountable for the quality of nursing care given to patients, nurses are accountable for the assignment of nursing responsibilities to other nurses and the delegation of nursing care activities to other health care workers.” (American Nurses Association (ANA) Code of Ethics, 2001, p. 17)

Delegation as “transferring to a competent individual the authority to perform a selected nursing task in a selected situation.”
(National Council for State Boards of Nursing (NCSBN) 1995)

Delegation as “the transfer of responsibility the performance of an activity from one individual to another while retaining accountability for the outcome.”
(American Nurses Association, 1994)

Delegation as “Responsibility and authority to perform a task, function, activity, or decision is transferred to another individual who accepts the responsibility and authority. The delegator retains accountability for the task.”
(Sullivan & Decker, 2001)

“Delegation is a complex, loophole-ridden, work-enhancing strategy. It can make the difference between caring for a group of patients and experiencing great anxiety and caring for that same group with a controlled expectation of what can be achieved. Used properly, delegation can enlarge the effect you have on patient care; used improperly, it can be frustrating and scary. Delegation is an art and a skill that can be developed and honed into one of the most effective professional management strategies any registered nurse can use.”
(Patricia Yoder-Wise, 2007)
The Historical Perspective of Delegation

Before the early 1970’s, delegation was how nurses worked. The ‘Team Nursing’ staffing ratios generally provided for few RNs, and much of the direct care was done by LPN’s and nursing aides. During this time, the nursing profession was dominated by the Diploma model, where delegation skills were a natural component of the nursing school learning environment.

During the ‘70’s and ‘80’s, as care became more intricate and demanding, nursing schools had to augment their curriculum to accommodate the new technical skills expected of the new nurses. At this time, new nurses had little exposure to the art and skill of delegation prior to their arrival into the profession. What is more, a general transition towards more professional staff and fewer assistive staff led to few opportunities to develop delegation skills on the job.

The ‘90’s saw a shift towards multi-level nursing. This followed a huge wave of the nursing shortage and nursing salaries were rising. The cost of running a nursing department skyrocketted and delegation became an essential skill of the RN in the hospital as UAP’s were reintroduced into the workplace.


Delegation is “...achieving performance of care outcomes for which you are accountable and responsible by sharing activities with other individuals who have the appropriate authority to accomplish the work.” (Patricia Yoder-Wise (2007), 483)
Delegation

Safeguarding the Public Safety → State Boards of Nursing are responsible for Nurse Practice Acts, Scopes of Practice, and clear regulations for delegation.
- A licensed nurse has ultimate responsibility and accountability for the management and provision of patient care.

Delegation is...
- a concept
- an art
- a skill
- a process

In 2005, the ANA and the NCSBN adopted papers on delegation. Both papers presented the same message:

**Delegation is an essential nursing skill.**

The NCLEX-RN Exam includes competencies related to delegation.

Delegation requires...
- management skills
- mentorship skills
- knowledge of the chain of command
- knowledge of scope of practice
- understanding of nursing task vs. professional responsibility
- knowledge & understanding of liabilities

Delegation is about working with and through other people.

Precepting in Practice...an implementation strategy

Describe how delegation works at your facility.
Delegation promotes teamwork and organizational harmony!

- increases productivity
- empowers others
- enhances communication
(Sullivan & Decker, 2001)

- develops skills
- builds trust
- builds leadership skills

Delegation Criteria

- Nurse Practice Act / Scope of Practice
- Qualifications of the delegator and the delegatee (education, skills, experience)
- Documented / demonstrated evidence of competency to perform the skill correctly

Delegation Benefits

- Allows the nurse more freedom within her span of control
- Others can do task-oriented items
- Nurse can do crucial things:
  - Assessment
  - Make judgement / decisions
  - Coordinate patient care
- For those to whom tasks are delegated, they can serve as an incentive to learn new skills

Precepting in Practice...an implementation strategy

Reflect on a time when you had a positive experience with delegation. What about the process made your day better?

Reflect on a time when delegation did not go well. What lessons learned would you want to impart to your orientee?
Use delegation effectively.
- Understand delegation concepts
- Master delegation skills
- Practice the art of working with people
- Implement delegation as an ongoing process.

For those who delegate effectively, they understand the benefits of working as a team.

A new nurse needs to...

1. **Identify the purpose.**
   - When planning your day with your orientee, think of three things the CAP or CNA can do to help your day flow smoothly.

2. **Identify the competencies of the person you are delegating to (the delegatee)**
   - May need to check and recheck until the orientee feels comfortable relying on these resources.

3. **Understand the job descriptions and policies in the area**

   **Template for the Delegation Process**
   Match the right task to the right person in the right circumstance
   Communicate effectively
   Offer and receive feedback

The National Council for State Boards of Nursing, recognizing that RNs are ethically and legally accountable during acts of delegation, established and published the “Five Rights of Delegation” in 1995.

1. **Right Task**
   - What can be delegated?
   - Tasks that fall within the facility procedures and protocols
   - Tasks performed on patients who are stable and whose outcomes are predictable
   - Tasks that require minimal supervision
   - **TIP:** Point to the functions of different positions in the preceptor binder as a resource

2. **Right Person**
   - Match the right task to the right person
   - Person must be competent
   - Right situation
   - Focuses on outcomes
   - Determine the strengths and weaknesses of team members
3. **Right Communication**
   - The initial direction is the most important
   - Use the “C”s of initial direction...
     - **Clear**: does the team member understand what I’m saying?
     - **Concise**: have I confused the direction by giving too much information?
     - **Correct**: is the direction according to policy, job description and the law?
     - **Complete**: does the delegatee have all the information necessary to complete the task?
     - **Connect**: follow-up with the individual to assess the outcome of the task
   - Situation-specific communication:
     - Specific data to be collected, method, and timelines for reporting (ex. “Get Mr. Jones’ B/P and report a B/P greater than 130/80 right away.”)
     - Specific activities to be performed and any client specific instruction and limitations
     - The expected results or potential complications and timelines for communicating such information.

4. **Right Circumstance**
   - The right circumstance has the appropriate patient, setting, and available resources.
   - Does the activity frequently recur among the patient population?
   - Does the activity have a predictable outcome?
   - Does the activity involve little or no modifications from one patient or situation to another?
   - Is the task free from requiring independent nursing judgement?

5. **Right Supervision**
   - Definition of supervision: “The provision of guidance or direction to perform and accomplish a task.”
   - Supervision and delegation are interconnected concepts.
   - Make sure that you are available to supervise a delegated task.
   - ANA further defines supervision as “the active process of directing, guiding, and influencing the outcomes of an individual’s performance of a task.”
   - Feedback formula:
     - Ask for the other individual’s feedback first
     - Give credit for effort
     - Share your perceptions with each other
     - Explore different points of view, focusing on shared outcomes
     - Ask for the other person’s input to determine what steps may be necessary to make sure the desired outcomes are achieved
     - Agree on a plan for the future, including timeline for follow-up
     - Revisit the plan and the results achieved
The Delegation Decision-Making Decision Tree is a process to assist and guide the nurse in delegation. It serves to help the nurse decide if a task should be delegated. There are seven steps:

1. **State Rules, Regulations, and the State Practice Act**
   - Define what nurses can and cannot do
   - Most include delegation - and usually delegation is an expected role of the professional nurse.
   - Be familiar with your specific practice act

2. **State and Facility Policies**
   - Is the nurse permitted to delegate this task? Nurses must be licensed and able to perform any task they delegate.
   - Is the task within the scope of the RN?
   - Facility Policy - - Does the facility policy indicate you can delegate this task? It should not require nursing judgement and usually is repetitive (I&O or VS). Do not delegate tasks requiring specialized knowledge or observations.
   - Delegate only in specific situations.
   - Facility may accept a UAP to mobilize patient, but only an RN can make a decision
   - Remember, the facility policy may be stricter than the Nurse Practice Act, but not more lenient
   - Facility policy does not relieve the nurse of responsibility for making judgements and good decisions.

   **Golden Rule**
   - Do not delegate assessment, planning, or evaluation
     - Note: most state practice acts do not allow delegation of initial patient assessments, discharge planning, education, care planning, triage, or interpretation of assessment data.

3. **Assessment prior to delegation**
   - What are the current needs? Must assess these prior to delegation so the current needs can be known. Then, good decisions can be made on a case-by-case basis.
   - What's the potential harm? Nurses are expected to foresee potential harm to patients.
   - Does the task have predictable outcomes?

4. **Assess the delegatee**
   - What are the delegatee’s abilities?
   - Is this person capable? Is the person capable to perform the task? All personnel are responsible to maintain skills. The nurse must know the job description of the UAP or LPN.
   - How to decide? Know the job description, prior experience with the person, ask coworkers, skills check-off forms, ask the UAP or LPN (have you been trained, have you done this with a patient, have you done it unsupervised, are you confident doing this, have you had problems with this task, do you have questions about it???)
5. **Is there adequate RN supervision available? The law requires adequate supervision.**
   - Negligent supervision is among the top 10 reasons for malpractice suits.
   - An RN must be available for supervision and support.
   - Does this mean that the RN must be present? No, but the RN must be available.
   - Must judge the effectiveness of delegated tasks - what was the outcome? Evaluate that outcome.
   - Must pay attention to the data supplied by the UAP or LPN

6. **Would a reasonable and prudent nurse delegate this task?** - Courts judge nurses against what a “reasonable, prudent nurse” would do. Professional practice standards, set by state boards and nursing organizations tell us how ordinary, prudent, reasonable nurses should practice. Does it make sense to delegate? Courts judge nurses against these professional standards.

7. **Clear communication**
   - Clear, precise and direct communication is necessary.
   - Also, be approachable, do not be that grumpy person who everyone is afraid of. If they are afraid to ask questions, the task may be done incorrectly.
   - Has the nurse communicated well? What? When? How?
   - Does the person understand directions?
Decision Tree

Section 400 of Idaho Administrative Code
Board of Nursing
Rules of the Idaho Board of Nursing

1. Determining Scope of Practice
   - Not expressly prohibited in IAC for LPN
   - Taught in school’s curriculum and has clinical skill
   - Does not exceed employer’s policies & procedures (P&P)
   - Consistent with national standards
   - Provided for in employer’s P&P
   - Performance acceptable by a responsible and prudent nurse with similar education and experience.

2. Deciding to Delegate
   - Acts not expressly prohibited
   - Assessment of client status and health care needs done prior to delegation
   - Consideration of safety for client for delegation, degree of critical thinking needed, complexity of care, impact of timeliness, continuity of care, level of interaction needed, type of technology, knowledge and skills needed to determine that person to be delegated to is appropriate and safe
   - Appropriate instruction for performance to the act

3. Monitoring Delegation
   - Evaluate patient’s response and the outcome of the delegated act, and take further action as necessary
   - Determine the degree of supervision required and evaluate whether the activity is completed in a manner that meets the acceptable outcomes.
Delegation Decision-making Tree

Adapted from the Delegation Decision Tree developed by the Ohio Board of Nursing

- Are there laws and rules in place which support the delegation? NO → Do not delegate

- Is the task within the scope of practice of the RN/LPN? NO → Do not delegate

- Is the RN/LPN competent to make delegation decisions? NO → Do not delegate

- Has there been assessment of the client’s needs? NO → Assess, then proceed with a consideration of delegations

- Is the UAP competent to accept the delegation? NO → Do not delegate

- Does the ability of the care-giver match the care needs of the client? NO → Do not delegate

- Can the task be performed without requiring nursing judgment? NO → Do not delegate

- Are the results of the task reasonably predictable? NO → Do not delegate

- Can the task be safely performed according to exact, unchanging directions? NO → Do not delegate

- Can the task be safely performed without complex observations or critical decisions? NO → Do not delegate

- Can the task be performed without repeated nursing assessments? NO → Do not delegate

- Is appropriate supervision available? NO → Do not delegate

Note: Authority to delegate varies, so licensed nurses must check the jurisdiction’s statutes and regulations. RNs may need to delegate to the LPN the authority to delegate to the UAP.
Delegation Decision-Making Grid

The Delegation Decision-Making Grid was developed as a tool to assist nurses in making delegation decisions. The tool can provide a scoring mechanism for seven elements that should be considered when making delegation decisions. The use of this grid builds on the overall assumption that the activity/task being performed is within the nurse’s scope of practice, and that the Nursing Practice Act and Rules support delegation. The proposed delegation should also be consistent with agency policy. The grid can be used to support sound delegation decisions. This document is intended to be used in conjunction with the resource describing the Five Rights of Delegation and provides a framework for assessing the client’s needs, the skills of the UAP, the licensed nurse, the activity, and the potential harm in delegating an activity.

The rating of the identified elements assists the nurse in evaluating the circumstances, client needs and available resources (including UAP and nurse competence) to support the delegation decision. A low score would indicate that the activity could be safety delegated, a high score would caution against delegation. For example, if the level of client stability is ranked 3 (client condition is unstable or acute or has a strong potential for change) and the UAP being considered for performing the activity also is rated 3 (novice in performing activities and in working with defined client population), that activity should not be delegated to that UAP. Each facility or agency would be expected to establish a policy regarding the level of score deemed acceptable for delegation.

(Source: National Council of State Boards of Nursing, 1997)

Activity: Take a moment to practice ...ROLE PLAY...

There is an opportunity for your orientee to place an NG Tube in her first week. You’re swamped and think she can handle it... but you’re not completely sure. What are the questions you would ask your orinentee and what is the process you would go through to make sure the Five Rights are met?

One person be the orientee/ the other be the preceptor.... Role play this scenario.
# Delegation Decision-making Grid

<table>
<thead>
<tr>
<th>Elements for Review</th>
<th>Activity/task</th>
<th>client A</th>
<th>client B</th>
<th>client C</th>
<th>client D</th>
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<tbody>
<tr>
<td><strong>Level of Client Stability</strong></td>
<td>Score the client’s level of stability:</td>
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<td>0. client condition is chronic/stable/predictable</td>
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<td>1. client condition has minimal potential for change</td>
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<td>2. client condition has moderate potential for change</td>
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<td>3. client condition is unstable/acute/strong potential for change</td>
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<td><strong>Level of UAP Competence</strong></td>
<td>Score the UAP competence in completing delegated nursing care activities in the defined client population:</td>
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<td>0. UAP - expert in activities to be delegated, in defined population</td>
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<td>1. UAP - experienced in activities to be delegated, in defined population</td>
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<td>2. UAP - experienced in activities but not in defined population</td>
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<td>3. UAP - novice in performing activities and in defined population</td>
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<td><strong>Level of Licensed Nurse Competence</strong></td>
<td>Score the licensed nurse’s competence in relation to both knowledge of providing nursing care to a defined population and competence in implementation of the delegation process:</td>
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<td>0. Expert in the knowledge of nursing needs/activities of defined client population and expert in the delegation process</td>
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<td></td>
<td>1. Either expert in knowledge of needs/activities of defined client population and competent in delegation or experienced in the needs/activities of defined client population and expert in the delegation process</td>
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<td>2. Experienced in the knowledge of needs/activities of defined client population and competent in the delegation process</td>
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<td>3. Either experienced in the knowledge of needs/activities of defined client population or competent in the delegation process</td>
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<td>4. Novice in knowledge of defined population and novice in delegation</td>
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<td><strong>Potential for Harm</strong></td>
<td>Score the potential level of risk the nursing care activity has for the client (risk is probability of suffering harm):</td>
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<td>0. None</td>
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<td><strong>Frequency</strong></td>
<td>Score based on how often the UAP has performed the specific nursing care activity:</td>
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<td>2. Performed at least monthly</td>
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<td>3. Performed less than monthly</td>
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<td>4. Never performed</td>
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<td><strong>Level of Decision-making</strong></td>
<td>Score the decision-making needed, related to the specific nursing care activity, client (both cognitive and physical status) and client situation:</td>
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<td>1. Minimal level of decision making</td>
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<td>2. Moderate level of decision making</td>
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<td>3. High level of decision making</td>
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<td><strong>Ability for Self Care</strong></td>
<td>Score the client’s level of assistance needed for self-care activities:</td>
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<td>0. No assistance</td>
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<td>2. Extensive assistance</td>
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<td>3. Total care or constant attendance</td>
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**TOTAL SCORE**
Board of Nursing Rules - Review with your orientee

#401 Licensed Professional Nurse (RN) provides hands-on nursing care, licensed professional nurses work and serve in a broad range of capacities. RN’s are expected to exercise competency in judgment, decision-making, implementation of nursing interventions, delegation of functions or responsibilities and administration of medications and treatments.

Functions:
- Assessment
- Utilizes data to identify and document nursing diagnoses which serve as basis for plan of nursing care.
- Collaborates with patient, family, and health team members
- Develops and documents plan for nursing interventions, etc.
- Accountable for implementation of planned or prescribed nursing care
- Maintains safe and effective nursing care by
  - Maintaining safe environment
  - Evaluation of patient
  - Acting as patient advocate
  - Applying principles of asepsis and infection control and universal standards
  - Implementing orders for medication and treatments
  - Providing information and making recommendations to patients and others
  - Utilizes identified goals and outcomes to evaluate responses to interventions
  - Collaborates with other health professionals
  - Teaches theory and practice of nursing
  - Facilitates, mentors, and guides the practice of nursing formally and informally in practice settings.

#460 Licensed Practical Nurses function in dependent roles. A LPN is personally accountable and responsible for all actions taken in carrying out nursing activities and adheres to the decision-making model set forth in Section 400.”

Functions:
- Contributes to the assessment of health status by collecting, reporting and recording objective and subjective data.
- Participates in the development & modification of the plan of care
- Implements aspects of the plan of care
- Maintains a safe & effective nursing care
- Participates in the evaluation of responses to interventions
- Fulfills charge nurse responsibilities in health care facilities as allowed by state and federal law.
- Delegates to others according to the decision-tree model
- Accepts delegated assignments as allowed by decision-making model.

#490 Unlicensed Assistive Personnel (UAP) – unlicensed personnel employed to perform nursing care under the supervision of licensed nurses.

- Assist the nurse NOT replace the nurse
- Task not to be re-delegated by the UAP
- Delegated acts must be performed in accordance established, standards of practice, policies, and procedures
- Inappropriate delegation by the nurse OR functioning outside one’s scope of practice may lead to legal action
- May not be delegated procedures involving acts the require:
  - Nursing assessment or diagnosis
  - Establishment of plan of care
  - Teaching
  - Exercise of nursing judgment
  - Procedures requiring specialized nursing knowledge, skills, or techniques.
321. -- 389. (RESERVED).

390. USE OF TITLES, ABBREVIATIONS, AND DESIGNATIONS FOR THE PRACTICE OF NURSING.

01. Title for Graduates. A new graduate issued a temporary license pursuant to Section 040 of these rules shall use the title graduate nurse, abbreviated G.N., or graduate practical nurse, abbreviated G.P.N., or graduate nurse midwife, abbreviated G.N.M., or graduate clinical nurse specialist, abbreviated G.C.N.S., or graduate nurse practitioner, abbreviated G.N.P., or graduate nurse anesthetist, abbreviated G.N.A., whichever is appropriate, until the renewable license is issued. (3-30-07)

02. Titles. An individual who has successfully met all requirements for licensure as an advanced practice professional nurse shall have the right to use the title corresponding to the category of advanced nursing practice for which the individual is licensed. (7-1-99)

   a. Title of Certified Nurse-Midwife. Individuals who have successfully met all requirements for licensure as a certified nurse-midwife shall have the right to use the title certified nurse-midwife, abbreviated C.N.M. (7-1-99)

   b. Title of Clinical Nurse Specialist. Individuals who have successfully met all requirements for licensure as a clinical nurse specialist shall have the right to use the title clinical nurse specialist, abbreviated C.N.S. (7-1-99)

   c. Title of Nurse Practitioner. Individuals who have successfully met all requirements for licensure as a nurse practitioner shall have the right to use the title nurse practitioner, abbreviated N.P. (7-1-99)

   d. Title of Registered Nurse Anesthetist. Individuals who have successfully met all requirements for licensure as a registered nurse anesthetist shall have the right to use the title registered nurse anesthetist, abbreviated R.N.A. (7-1-99)

03. Registered Nurse Title. Individuals who have successfully met all requirements for licensure as professional nurses shall have the right to use the title Registered Nurse, abbreviated R.N. (5-21-79)

04. Licensed Practical Nurse Title. Individuals who have successfully met all requirements for licensure as practical nurses shall have the right to use the title Licensed Practical Nurse, abbreviated L.P.N. (5-21-79)

391. -- 399. (RESERVED).

400. DECISION-MAKING MODEL.
The decision-making model is the process by which a licensed nurse evaluates whether a particular act is within the legal scope of that nurse’s practice and determines whether to delegate the performance of a particular nursing task in a given setting. This model applies to all licensure categories permitting active practice, regardless of practice setting. (5-3-03)

01. Determining Scope of Practice. To evaluate whether a specific act is within the legal scope of nursing practice, a licensed nurse shall determine whether:

   a. The act is expressly prohibited by the Nursing Practice Act or, the act is limited to the scope of practice of advanced practice professional nurses or to licensed professional nurses, or the act is prohibited by other laws; (5-3-03)

   b. The act was taught as a part of the nurse’s educational institution’s required curriculum and the nurse possesses current clinical skills; (5-3-03)

   c. The act does not exceed any existing policies and procedures established by the nurse’s employer;
b. The act was taught as a part of the nurse’s educational institution’s required curriculum and the nurse possesses current clinical skills; and (5-3-03)

c. The act does not exceed any existing policies and procedures established by the nurse’s employer; and (5-3-03)

d. The act is consistent with standards of practice published by a national specialty nursing organization or supported by recognized nursing literature or reputable published research and the nurse can document successful completion of additional education through an organized program of study including supervised clinical practice or equivalent demonstrated competency. (5-3-03)

e. The employment setting/agency has established policies and procedures or job descriptions authorizing performance of the act; and (7-1-96)

f. Performance of the act is within the accepted standard of care that would be provided in a similar situation by a reasonable and prudent nurse with similar education and experience and the nurse is prepared to accept the consequences of the act. (7-1-96)

02. Deciding to Delegate. When delegating nursing care, the licensed nurse retains accountability for the delegated acts and the consequences of delegation. Before delegating any task the nurse shall:

a. Determine that the acts to be delegated are not expressly prohibited by the Nursing Practice Act or Board Rules and that the activities are consistent with job descriptions or policies of the practice setting; and (7-1-96)

b. Assess the client’s status and health care needs prior to delegation, taking into consideration the complexity of assessments, monitoring required and the degree of physiological or psychological instability; and (7-1-96)

c. Exercise professional judgment to determine the safety of the delegated activities, to whom the acts may be delegated, and the potential for harm; and (5-3-03)

d. Consider the nature of the act, the complexity of the care needed, the degree of critical thinking required and the predictability of the outcome of the act to be performed; and (5-3-03)

e. Consider the impact of timeliness of care, continuity of care, and the level of interaction required with the patient and family; and (5-3-03)

f. Consider the type of technology employed in providing care and the knowledge and skills required to effectively use the technology, including relevant infection control and safety issues; and (7-1-96)

g. Determine that the person to whom the act is being delegated has documented education or training to perform the activity and is currently competent to perform the act; and (7-1-96)

h. Provide appropriate instruction for performance of the act. (5-3-03)

03. Monitoring Delegation. Subsequent to delegation, the licensed nurse shall:

a. Evaluate the patient’s response and the outcome of the delegated act, and take such further action as necessary; and (5-3-03)

b. Determine the degree of supervision required and evaluate whether the activity is completed in a manner that meets acceptable outcomes. The degree of supervision shall be based upon the health status and stability of the patient, the complexity of the care and the knowledge and competence of the individual to whom the activity is delegated. (5-3-03)

401. LICENSED PROFESSIONAL NURSE (RN OR REGISTERED NURSE).
In addition to providing hands-on nursing care, licensed professional nurses work and serve in a broad range of
capacities including, but not limited to, regulation, delegation, management, administration, teaching, and case management. Licensed professional nurses, also referred to as registered nurses or as “RNs,” are expected to exercise competency in judgment, decision making, implementation of nursing interventions, delegation of functions or responsibilities, and administration of medications and treatments prescribed by legally authorized persons. (5-3-03)

01. Standards of Practice. A licensed professional nurse adheres to the decision-making model set forth in Section 400. (5-3-03)

02. Functions. A partial listing of tasks within the licensed professional nurse’s function follows. This listing is for illustrative purposes only, it is not exclusive. The licensed professional nurse: (5-3-03)

a. Assesses the health status of individuals and groups; and (5-3-03)

b. Utilizes data obtained by assessment to identify and document nursing diagnoses which serve as a basis for the plan of nursing care; and (5-3-03)

c. Collaborates with the patient, family, and health team members; and (5-3-03)

d. Develops and documents a plan for nursing intervention based on assessment, analysis of data, identified nursing diagnoses and patient outcomes; and (5-3-03)

e. Is accountable and responsible for implementation of planned and prescribed nursing care; and (5-3-03)

f. Maintains safe and effective nursing care by: (5-3-03)

i. Maintaining a safe environment; and (5-3-03)

ii. Evaluating patient status and instituting appropriate therapy or procedures which might be required in emergency situations to stabilize the patient’s condition or prevent serious complications in accordance with standard procedures established by the policy-making body in the health care setting, including but not limited to administration of intravenous drugs and starting intravenous therapy based on protocols if the patient has been assessed and determined to be in peril; and (5-3-03)

iii. Acting as a patient’s advocate; and (5-3-03)

iv. Applying principles of asepsis and infection control and universal standards when providing nursing care; and (5-3-03)

v. Implementing orders for medications and treatments issued by an authorized prescriber; and (5-3-03)

vi. Providing information and making recommendations to patients and others in accordance with employer policies; and (5-3-03)

g. Utilizes identified goals and outcomes to evaluate responses to interventions; and (5-3-03)

h. Collaborates with other health professionals by: (5-3-03)

i. Communicating significant changes in a patient’s status or responses to appropriate health team professionals; and (5-3-03)

ii. Coordinating the plan of care with other health team professionals; and (5-3-03)

iii. Consulting with nurses and other health team members as necessary; and (5-3-03)

i. Teaches the theory and practice of nursing; and (5-3-03)
03. **Chief Administrative Nurse.** A licensed professional nurse functioning as chief administrative nurse is accountable and responsible for:

   a. Prescribing, directing and evaluating the quality of nursing services including but not limited to staff development and quality improvement; and

   b. Assuring that organizational policies and procedures, job descriptions and standards of nursing practice conform to the Nursing Practice Act and Nursing Practice Rules; and

   c. Assuring that the knowledge, skills and abilities of nursing care staff are assessed and that nursing care activities do not exceed the legally defined boundaries of practice; and

   d. Assuring that documentation of all aspects of the nursing organization is maintained.

04. **Management Role.** A licensed professional nurse functioning in a management role shall be accountable and responsible for:

   a. The quality and quantity of nursing care provided by nursing personnel under his supervision; and

   b. Managing and coordinating nursing care in accordance with established guidelines for delegation; and

   c. Providing leadership in formulating, interpreting, implementing, and evaluating the objectives and policies of nursing practice.

402. **LICENSED PROFESSIONAL NURSE FUNCTIONING IN SPECIALITY AREAS.** A licensed professional nurse may carry out functions beyond the basic educational preparation under certain conditions.

01. **Conditions for Licensed Professional Nurses Functioning in Specialty Practice Areas.** A licensed professional nurse may carry out functions beyond the educational preparation described in Sections 600 through 681 of these rules when the nurse:

   a. In addition to completion of the curriculum requirements of Sections 600 through 681 of these rules, has completed any specific education, training, and supervised practice as may be required in the Nursing Practice Act or rules; and

   b. Conforms to recognized standards for practice of the specialty; and

   c. Follows written protocols approved by medical staff, nursing administration, and the employing agency administration.

02. **Recognized Specialty Practice Areas.** Additional education, training, and practice:

   a. Flight/Transport Nurse. A flight/transport nurse is a licensed professional nurse who provides critical care services with a duly licensed transporting agency.

      i. Basic qualifications include at least two (2) years (four thousand (4,000) hours) of critical care nursing experience in the specialty area pertinent to the type of service being provided.

      ii. Licensed professional nurses who regularly provide care in the pre-hospital setting must maintain emergency medical technician credentialing.
Module 5

IDAHO ADMINISTRATIVE CODE IDAPA 23.01.01
Board of Nursing
Rules of the Idaho Board of Nursing

iii. Individual educational requirements commensurate with the specialty care being provided may include, but are not limited to: Neonatal Resuscitation Program (“NRP”), Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS), Trauma Nurse Core Curriculum (TNCC) or Flight Nurse Advanced Trauma Course (FNATC) and radio communications. (5-3-03)

iv. Flight nurses must also have course work in flight physiology, aircraft safety and survival. (5-3-03)

v. A flight/transport nurse must have received a minimum of forty (40) hours of supervised clinical experience before functioning independently. (5-3-03)

b. Surgical First Assistants. A surgical first assistant is a licensed professional nurse who, under direct supervision, assists the operating surgeon. (5-3-03)

i. Nurses acting as surgical first assistants may not concurrently serve as scrub or instrument nurses. (5-3-03)

ii. A licensed professional nurse first surgical assistant in cardiovascular surgery may harvest saphenous veins after completing additional educational instruction acceptable to the board and supervised practice under direct supervision of the operating physician. (5-3-03)

403. -- 459. (RESERVED).

460. LICENSED PRACTICAL NURSE (LPN).
Licensed practical nurses function in dependent roles. Licensed practical nurses, also referred to as LPNs, provide nursing care at the delegation of a licensed professional nurse, licensed physician, or licensed dentist pursuant to rules established by the Board of Nursing. The stability of the patient’s environment, the patient’s clinical state, and the predictability of the outcome determine the degree of direction and supervision that must be provided to the licensed practical nurse. (5-3-03)

01. Standards. The licensed practical nurse shall be personally accountable and responsible for all actions taken in carrying out nursing activities and adheres to the decision-making model set forth in Section 400. (5-3-03)

02. Functions. A partial listing of some of the functions that are included within the legal definition of licensed practical nurse, Section 54-1402(3), Idaho Code, (Nursing Practice Act) follows. This list is for example only, it is not complete. The licensed practical nurse:

a. Contributes to the assessment of health status by collecting, reporting and recording objective and subjective data; and (5-3-03)

b. Participates in the development and modification of the plan of care; and (5-3-03)

c. Implements aspects of the plan of care; and (5-3-03)

d. Maintains safe and effective nursing care; and (5-3-03)

e. Participates in the evaluation of responses to interventions; and (5-3-03)

f. Fulfills charge nurse responsibilities in health care facilities as allowed by state and federal law; (5-3-03)

and

g. Delegates to others as allowed by application of the decision-making model; and (5-3-03)

h. Accepts delegated assignments only as allowed by application of the decision-making model. (5-3-03)
461. -- 489. (RESERVED).

490. UNLICENSED ASSISTIVE PERSONNEL (UAP).
The term unlicensed assistive personnel, also referred to as “UAP,” is used to designate unlicensed personnel employed to perform nursing care services under the direction and supervision of licensed nurses. The term unlicensed assistive personnel also includes licensed or credentialed health care workers whose job responsibilities extend to health care services beyond their usual and customary roles and which activities are provided under the direction and supervision of licensed nurses.

01. Not a Substitute for the Licensed Nurse. Unlicensed assistive personnel may complement the licensed nurse in the performance of nursing functions, but may not substitute for the licensed nurse; unlicensed assistive personnel may not redelegate a delegated act.

02. Delegation. The nursing care tasks that may be delegated to unlicensed assistive personnel shall be stated in writing in the practice setting. Decisions concerning delegation will be determined in accordance with the provisions of Section 400.

03. Training. The following training requirements apply to all unlicensed assistive personnel. The training program shall:

a. Include written objectives which describe the expected outcomes for the learner and which can be evaluated by written or oral examination and by clinical demonstration of competency or application; and

b. Incorporate learning experiences appropriate to the stated objectives; and

c. Be conducted by licensed professional nurses and other licensed health professionals, including, but not limited to, physicians, pharmacists, psychologists, social workers, and dieticians; and

d. Include an evaluation mechanism to determine the effectiveness of the program; and

e. Address the general unlicensed assistive personnel curriculum content areas set forth in Subsection 681.04.h.

04. Nurse Aide Registry. In addition to the foregoing training requirements, UAP desiring placement on the Nurse Aide Registry must comply with the requirements set forth in Sections 600 through 681.

05. Assistance with Medications. Where permitted by law, after completion of a Board-approved training program, unlicensed assistive personnel in care settings may assist patients who cannot independently self-administer medications, provided that:

a. A plan of care has been developed by a licensed professional nurse; and

b. The act has been delegated by a licensed nurse; and

c. Written and oral instructions have been given to the unlicensed assistive personnel by a licensed nurse concerning the reason(s) for the medication, the dosage, expected effects, adverse reactions or side effects, and action to take in an emergency; and

d. The medication is in the original pharmacy-dispensed container with proper label and directions or in an original over-the-counter container or the medication has been removed from the original container and placed in a unit container by a licensed nurse. Proper measuring devices must be available for liquid medication that is poured from a pharmacy-dispensed container. Inventories of narcotic medications must be maintained; and

e. Any medication dosages not taken and the reasons thereof are recorded and reported to appropriate supervisory persons; and

f. Assistance with medication may include: breaking a scored tablet, crushing a tablet, instilling eye,
ear or nose drops, giving medication through a pre-mixed nebulizer inhaler or gastric (non nasogastric) tube, assisting with oral or topical medications and insertion of suppositories.

06. **Prohibitions and Limitations.** Unlicensed assistive personnel are prohibited from performing any licensed nurse functions that are specifically defined in Section 54-1402, Idaho Code. (3-30-07)

a. Unlicensed assistive personnel may not be delegated procedures involving acts that require nursing assessment or diagnosis, establishment of a plan of care or teaching, the exercise of nursing judgment, or procedures requiring specialized nursing knowledge, skills or techniques. (5-3-03)

b. Examples of procedures that should not be delegated to unlicensed assistive personnel include, but are not limited to:

i. Sterile procedures; and

ii. Preparation or administration of injections; and

iii. Start, stop or adjust any IV therapy; and

iv. Oxygen adjustment without clear direction from a licensed nurse; and

v. Nasogastric tube feedings or medication administration; and

vi. Mixing or compounding medications; and

vii. Prepare, apply or adjust intermittent positive-pressure breathing machines; and

viii. Assisting with either preparation or administration of non-routine medications; and

ix. Any act not consistent with Subsection 490.02.

491. **TECHNICIANS/TECHNOLOGISTS.**

01. **Functions.** Technicians/technologists may perform limited nursing functions within the ordinary, customary, and usual roles in their fields and are exempted from licensure by the Board of Nursing under Section 54-1412, Idaho Code, (Nursing Practice Act), provided they are:

a. Enrolled in or have completed a formal training program acceptable to the board; or

b. Registered with or certified by a national organization acceptable to the board.

02. **Supervision.** Technicians/technologists providing basic nursing care services on an organized nursing unit in an institutional setting must function under the supervision of a licensed professional nurse. (3-30-07)

492. -- 599. (RESERVED).

600. **NURSING EDUCATION FOR PROFESSIONAL AND PRACTICAL NURSES.**

601. **Purpose of Approval.** To assure safe practice of nursing by establishing standards, criteria, and curriculum requirements for education programs preparing persons for the practice of nursing, and for enhancing the knowledge and skills of those in practice. (4-5-00)

01. **Preparation of Graduates.** To ensure that graduates of nursing education programs are prepared for safe and effective nursing practice.

02. **Guide for Development.** To serve as a guide for the development of new nursing education
Delegation as Team Work

- Trust one another - confidently expect fulfillment of patient’s and each other’s needs
- Respect for all roles / tasks and their importance.
- Admiration - express approval/pride verbally and non-verbally.
- Define / describe roles clearly (job descriptions).
- Expectations must be upheld for all roles.

Effectiveness of Delegation

- Directions given
- Follow-up communication
- Outcomes

Ask the person to whom you are delegating, “Hey, am I explaining myself clearly?”

Precepting in Practice...

...an implementation strategy

How would you explain the practice of delegation at your facility to your orientee?
An experienced charge nurse is constructing assignments for three teams. As charge nurse, it is critical that she assumes ultimate accountability for ensuring high quality patient care. Take a moment to rank the following items on how they should impact the charge nurse’s decisions regarding assignments for individual team members.

- Patient census
- Patient preference
- Team member’s educational preparation
- Team member’s years of experience
- Acuity

The shift is ending and a charge nurse realizes she has shift report to give, an assessment to document and a stat CBC to take to the lab. She decides to complete all of these tasks herself. Consequently, the report is fifteen minutes late, again. What is the primary reason for this nurse’s actions?

- She lacks trust in team members?
- She had more difficult assignments?
- She believes team members will refuse work?
- She does not know the value of delegating?
Delegation Questions

Question 3

An RN has delegated the task of vital signs on a stable patient to a UAP but the UAP wants to go to dinner with a friend who has come for that purpose. The UAP asks a fellow UAP to do the task without telling the nurse. The client’s BP is 170/118.

- Is this an appropriate delegation by the RN?
- Is this an appropriate shifting by the UAP?
- The BP should be reported to ____________?
- Who is responsible?

Question 4

The nurse asks another nurse who didn’t hear shift change report to double check a patient’s blood pressure, as it’s been erratic all day. The nurse measures the BP in the left arm which has an arteriovenous shunt. Which “right” of delegation did the nurse violate?

- Right task?
- Right person?
- Right communication?
- Right circumstance?
- Right supervision?
Question 5

Your orientee has just completed testing the blood glucose on an elderly confused patient. The orientee left the room without securing the patient safely in the bed. The patient was found lying on the floor a few minutes later by you.

Who is accountable and for what? How will you follow-up with your orientee to talk about the incident?

Delegation, if performed properly, maintains accountability and decision-making where they belong... with the registered nurse (RN).

Precepting in Practice
...an implementation strategy

Give an example of how delegation might impact an orientation.
Rural Case Study

You are a preceptor working in a rural critical access hospital with 25 beds. During the summer your ER is always busy with recreational injuries and elderly tourists with medical problems. Your orientee is a new graduate from a large urban university who grew up in your town of 2,500 people. You and your orientee are working alongside the other RN and a CNA. One of your patients, a 22 year old with a closed head injury needs to be transported to a medical center that is 200 miles away. The patient used to date your orientee in high school. He’s also drunk. The helicopter can’t fly because of a nearby forest fire, so one of you will have to ride in the ambulance for the ground transport. When you call the Neuro ICU to brief them on the situation, the charge nurse is rude and says, “Well, I guess about all you can do is keep checking his BP- do you think you can handle that?”. Your orientee wants to go on the transport. You need to decide how to delegate the day. Because of the fires, the emergency room has been filled with asthmatic patients and the occasional injured firefighter day and night. The staff is tired and stressed.

Who do you call to come in and how do you describe your decision-making process to your orientee?
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<th>Follow-up on task performance</th>
<th>Preceptor Comments</th>
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Who can I delegate this task to? Why?