

Successful Delegation: the balancing act of matching needs with appropriate resources

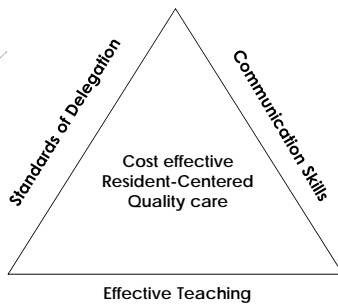
First in a 3 part series to improve nurse delegation in
the community environment

A cooperative project from:
Idaho State Board of Nursing
The Idaho Department of Health and Welfare
The Idaho Division of Professional Technical Education
ISU, CWI, CSI, LCSC, NIC, EITC, Health Programs, Workforce Development
IHCA/ICAL



Please Note

- This presentation is a good faith effort at offering guidance and advice. It does not supersede state law, code or rules.



Learning Objectives

1. Describe the challenges related to the delegation process.
2. Understand the rationale of licensed nurse-led delegation.
3. Explain the BON standards related to the 5 rights of delegation.
4. Apply the standards of delegation to the act of medication administration.

Simplicity does
not precede
complexity, but
follows it.

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Challenges of Delegation

- Each resident is unique, and their condition can change.
- Each unlicensed assistive personnel (UAP) has different levels of education, experience, and personal accountability.
- Each nurse has different levels of clinical reasoning, communication and mentoring skills.
- Each care setting has different levels of resources, and may function under different rules or code.

The answer?

- Is **not** endless lists that try and predict every nuance and eventuality

Rather....

- To place the delegation decision in the hands of the highest educated professional, that is closest to the situation.
- To give them principles to help guide decision-making.
- To trust the **ethics, reasoning, and professionalism** of the nurse.

Nursing professionalism

- Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations. *Nursing's Social Policy*
Statement: The essence of the profession (ANA, 2010)

Code of Ethics (ANA, 2010)

- Provision two: The nurse's primary commitment is to the resident, whether an individual, family, group, or community.
- Provision three: The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the resident.
- Provision four: The 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 resident care.

the **RIGHT** number of staff
with the **RIGHT** skill level
in the **RIGHT** place
at the **RIGHT** time
with the **RIGHT** assignment

Clinical judgment and reasoning



Delegation principles

- Right task
- Right circumstances
- Right person
- Right directions and communication
- Right supervision and evaluation

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.
- 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;
 - 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;
 - c.** **Exercise professional judgment** to determine the safety of the delegated activities, to whom the acts may be delegated, and the potential for harm;
 - 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;

400 cont.

- e. Consider the impact of timeliness of care, continuity of care, and the level of interaction required with the resident and family;
- 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;
- 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
- h. Provide **appropriate instruction** for performance of the act.
- **03. Monitoring Delegation.** Subsequent to delegation, the licensed nurse shall:
 - a. **Evaluate the resident's response** and the outcome of the delegated act, and take such further action as necessary; and
 - 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 resident, the complexity of the care and the knowledge and competence of the individual to whom the activity is delegated.

Minimum expectations for delegating nursing tasks:

- The level of resident stability appropriately matches the delegated nursing task.
- The Triad method is used.
 - Nurse delegates a specific task, to a specific UAP, for a specific client.
- The 5 rights are followed.
- Involve the client to the level possible.
- Organizational support:
 - Job descriptions, policies, equipment, nursing availability, documented training.

Gold Standard Education process

- A didactic component taking adult and individual learning styles into account.
- An objective assessment of didactic learning.
- An opportunity for safe simulated practice and feedback until competency is reached.
- Mentored clinical experiences.
- Demonstrated independent competence.
- Written resources.
- Documentation of all of the above.

Delegation Flow Chart



A Review of the Delegation Process

- The RN has the right to refuse to delegate tasks of nursing care if he/she believes it would be unsafe or inappropriate to delegate or he/she is unable to provide adequate supervision.
- Decisions relative to the frequency of supervision and reinforcement of the performance of delegated tasks is the domain of the front line (delegating) nurse.

Delegation FAQs

- Can you explain appropriate delegation related to medication administration?

- The Process of **Medication Administration**, is to be completed by a licensed Nurse. It is a process that requires specialized knowledge and clinical reasoning.
- **Assisting with Medications** is a delegated nursing care activity, and may be completed by a UAP that has met the Board of Nursing requirements, and received delegated approval to perform the task based on the Board of Nursing's standards of delegation. They may also be subject to other laws and standards related to licensure at the facility level.
- **Cueing** a client to take their medications, or providing some **Physical Assistance** to enable a client to independently take their medications is a customary activity for UAPs, who are competent to do so.

I am being pressured to delegate something I believe is unsafe

- This is an unfortunate situation that may be driven by ignorance, not malicious intent. Ideally it could be changed through education and explanation of risk.
- If necessary use your chain of command per facility or corporate policy.
- Last resort would be to resign from the at-risk or unethical situation, and do any reporting as mandated by law or conscience.

I hear through the grapevine that tasks aren't being done correctly

- If possible involve the resident, ask about their experience and satisfaction with the involved caregivers, evaluate the outcome.
- Consider a blanket in-service if warranted, with a return demo portion.
- Provide updated education materials.
- If the problem is specific to an individual, do an observation, and follow up coaching.
- If resistance is encountered, give notice that you are rescinding the delegation for the individual.

I am not given adequate time to fulfill the 5 rights of delegation

- Again, this is unfortunate, but part of your role as the professional in the situation is to identify what is needed for safe and effective care.
- Think about solutions, and what would work. Make an appointment and present your ideas. Document your efforts as necessary.
- Last resort would be to resign from the at-risk or unethical situation, and do any reporting as mandated by law or conscience.

You are the trusted professional, the advocate

- Do your research
- Prepare a reasoned presentation
- Use positive communication techniques
- Stress you are committed to doing your job well for the organization
- Frame the conversation around the shared value of resident safety
- Explain that there are ethical lines you cannot cross

**CONGRATULATIONS
NURSES**

for once again topping the list of professions with the **highest ethical standards** in Gallup's 2014 survey on honesty and ethics.





Work through the following scenario as a group

- You stop by ABC Assisted Living, where you are the delegating RN. Three of the UAPs you trained in insulin injection are working tonight. At the time of training a policy was in place, you verified competency and placed a letter in their employee files.
- There is a new admission – Mr. Clark – who has insulin-dependent diabetes. His diabetes is stable, but he needs a routine shot at bedtime. So you talk to the UAPs about the resident and medication, which was prepared by a pharmacist. As you are about to leave Johnny approaches you and says he will give the injection since he is assigned Mr. Clark. You say "Great! Give me a call if you have questions or need anything." You then leave.
- The next morning you return to find Mr. Clark is now on one-on-one care with vital signs being taken and blood sugars being drawn every hour per doctor's order. After a brief investigation it was determined that both Johnny and Sally, one of the other UAPs, administered the dose. Johnny at 9:30 and Sally at 10:00 while Johnny was on break. The only signature in the MAR is Sally's.

Was the task delegated appropriately?

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- According to IDAPA 23.01.01, Rule 400 of the Rules of the Board:
 - a. The task is in the scope of practice of the UAP – the UAP were trained, verified competent, there is an agency policy in place and the task is not prohibited by the state's Nurse Practice Act. The UAP were trained on the insulin injection equipment.
 - b. The resident is stable, requiring no complex assessments or nursing judgments. There is little risk of harm.
 - c. You made yourself available for questions

■ YES

Was the task accepted appropriately?

- Please Pause and discuss

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- Johnny said he would give the injection to his assigned resident. You had no reason to worry. The delegation was accepted appropriately.

Where did the scenario go wrong?

- Please Pause and discuss

Where did the scenario go wrong?

- a. It is obvious the six rights of medication administration were not followed – that is the step of Right Documentation. Had Johnny documented the dose he gave Sally would not have re-administered it.
- Both Johnny and Sally were both in error by not notifying the nurse. An appropriate amount of food could have been provided to avoid the low blood sugar, if the nurse had been promptly notified.

Learn about your team:

Have each person in the room answer one of the following questions. Do additional rounds if you have time!

- 1. What do you like most about delegation
- 2. What do you like least about delegation
- 3. What do you think the residents and families wish about delegation
- 4. What would you most like to change about delegation in your facility

Thank you for your participation

