



DELEGATION & SUPERVISION

Chapter 15

Finkelman, A. (2016). *Leadership and management for nurses: Core competencies for quality care* (3rd edition). USA: Pearson.

Learning Objectives

1. Define scopes of practice for RN, LPN and UAP roles
2. Define RN competencies for delegation, supervision and assignment
3. List the 5 rights of delegation
4. List requirements of RN supervision
5. Understand RN accountability and liability in delegation and supervision
6. Describe leadership styles and process skills for both

The Practice of Nursing By Registered Nurses

A. Defined Legally and Professionally

1. State Boards of Nursing

- * National Council of State Boards of Nursing (NCSBN)
- * Provision of nursing care-specialized knowledge, judgement, skill.
- * Based on nursing and other sciences

2. American Nurses Association (ANA)

- * Diagnosis and treatment of human response
- * Prevention of illness, injury and facilitation of healing

Nursing Practice Acts

Scope of Roles

A. Scope of RN (Ohio Nursing Practice Act)

1. Use of Nursing Process

- * Assessment leading to nursing regime

- * Interventions, Plan, Evaluation of response

2. Decision making requiring clinical judgement

3. Teaching, administering, supervising, delegating and evaluating nursing care.

Nursing Practice Act

Scope of Roles

Scope of LPN role (Ohio Nursing Practice Act)

1. Provision of nursing care requiring basic knowledge
2. No assessment or decision making requiring clinical judgement
3. Nursing care at the direction of another-assigned care within scope (assignment examples)
4. Supervisory roles
 - a. Registered nurse, APRN, MD
 - b. Dentist, podiatrist, optometrist, chiropractor

Nursing Practice Acts

Scope of Roles

C. Scope of Unlicensed Assistive Personnel (UAP)

1. Not defined in Nursing Practice Acts
2. No national governing body or standards
3. Departments of Health at state level
 - * State Tested Nursing Assistant (STNA)
 - * Requirements, competency validation, registries
4. State Nursing Practice Statements-UAP Training
5. Healthcare Organizations-responsibilities and liability

UAP Training and Responsibility

1. On the Job Training by organizations
 - * Basic principles of care provision
 - * ADL's, VS, I&O, ROM, documentation, infection control, UP
 - * Communication, psychosocial skills, spiritual needs, teamwork, and patient safety
 - * Task instruction, demonstration, return demonstration, observation
 - * Clinical orientation and confirmed competency
2. Job descriptions, position criteria, policies and procedures, annual competencies and evaluations.

Nursing Practice Acts

Scope of Roles

D. Includes RN Delegation and Supervision as independent functions

1. RN to LPN

- * Assignment of care according to scope
- * Supervision of LPN care provision and accountable for quality
- * Communication and input into plan of care
- * Directs LPN to delegate to UAP

2. RN to UAP

- * RN decision to delegate and accountable to outcomes
- * RN accountable for quality of nursing care to patients

Delegation

- A. Definition in Nursing Practice Acts
 - 1. Transfer of responsibility for performance of specific nursing tasks
 - 2. RN has the authority to do the task
 - 3. UAP does not otherwise have the authority to do the task
- B. ANA and NCSBN Joint Practice Statement (2016)
 - 1. Definition similar to Nursing Practice Acts
 - 2. Describes rationale for delegation, task type, based on RN assessment, and UAP competency
- C.
 - 1. New Joint Practice Statement released 4/2019. NPAs not changed as yet.
 - 2. Routine care is assignment. Delegation are tasks over and above that require additional training and demonstration of competency.

Delegation Exceptions by Law

- A. Medication administration limited by specific med or setting by state
 - 1. Ohio meds-Over the counter specific meds: (Ohio Administrative Code (2017))
 - * Topical meds for skin barrier or condition
 - * Eye drops, ear drops, suppository meds, foot soaks, enemas
 - 2. MRDD and long-term care settings
 - * Purpose is permanent home but individual requires care
 - * Certified Medication Aides-meds delegated by RN
- B. Non-nurse licensed individuals can delegate to UAPs and direct LPNs
 - * Physician office, dental practice, physician owned ambulatory practice

5 Rights of Delegation

- A. Right task-delegable and UAP is competent to perform
- B. Right circumstance-setting, resources, other factors
- C. Right person-RN, UAP, Patient
- D. Right direction and communication
 - * Clarity on task, time frames
 - * Patient needs
 - * Concerns/conditions to report to RN
 - (A-D task examples)
- E Right supervision

Supervision of UAPs Defined in Nursing Practice Acts

- A. Thorough instruction, communication and timeframes
- B. RN available while UAP doing tasks/care provision
- C. RN establishes monitoring, communication and feedback to UAP
- D. RN reviews documentation/includes additions, revisions to plan
- E. RN documentation includes patient needs met
- F. RN provides feedback and documentation on UAP performance, instruction, learning needs to the UAP and nurse manager
- G. Exceptions: residential care settings, accessible vs direct and onsite
- H. Case examples (Delegation to UAPs and Assignments to LPNs)

Supervision of LPNs Defined in Nursing Practice Acts

- A. Hospital settings
 - 1. RN directs and supervises on site
 - 2. Similar requirements
 - * Clarity on assignments, joint review of patient care needs
 - * Communication, timeframes, feedback
 - * Review of documentation, input into plan of care
- B. Nonhospital settings-supervision by licensed professional
- C. Case examples

RN Accountability vs Legal Liability

- A. Reasonable basis for delegation by the RN assessment of patient and need
- B. Conditions of delegation not violated as defined in law
 - * No nursing judgement needed, results reasonably predictable,
 - * Standard procedure, no nursing reassessment needed
 - * Minimal risk of harm if done incorrectly
- C. RN believes UAP is trained and competent
- D. Not held accountable for outcomes based on rationale and competency
- E. Must also meet supervision requirements.

Patient Care Assignments

- A. Typically completed by charge nurse roles
- B. Organization of accountability of care needs for groups of patients
 - 1. Distribution of resources to match patient care needs
 - 2. Charge nurse needs basic information of care needs by patient
 - 3. Horizontal from Charge nurse to other RNs
 - 4. RNs assume responsibility, provide care, delegate, supervise
 - 5. Assignments must written and maintained

Leadership Styles in Delegation and Communication

- A. Democratic-participative/consensus building
- B. Authoritative-directive/controlling
- C. Transactional-supervises/organizes
- D. Situational-adjusts to meet the development needs of others
- E. Resonate-connects with others/relationship builder

Process Skills in Delegation and Supervision

- A. Interpersonal communication skills
 - 1. Clarity of the message verbally and nonverbally
 - 2. Active listening
 - 3. Conveying respect and value to others
 - 4. Keep the focus on the patients and their care needs
- B. Emotional Intelligence
 - 1. Self awareness/social awareness
 - 2. Self management /relationship

Delegation and Supervision Case Studies

Delegation & Supervision Take Away's

- Delegation and supervision is defined in state Nursing Practice Acts
- Know the difference in scope of an RN and an LPN (assessment, judgement, specialized knowledge vs observation, basic knowledge and cannot delegate)
- Know the basic training of a UAP and how competency is confirmed
- Know the definition and the 5 rights of delegation for a RN
- Know the requirements of supervision by a RN
- Differentiate the meaning of delegation, supervision and assignment
- Recognize an appropriate assignment for a LPN and appropriate tasks for delegation to a UAP
- RN is accountable for the quality of care of all patients assigned including delegated care. Know when the RN is legally liable for delegated care outcomes.