

# MEDICAL LAW, ETHICS AND DELEGATION FOR NURSES

## Part 3: Delegation – You can't do it all

### **Introduction:**

Think about all the tasks that must be performed in order to provide patient care. The patient must be bathed, fed, dressed, and gotten out of bed if possible. Medications must be given. Patients must be monitored and patient teaching must occur. Dressings must be changed. Assessments must be completed. Families must be spoken to. Physicians must be contacted. Orders must be reviewed or new orders entered and let's not forget documentation. This list goes on and on. All these factors are vital for the comfort and safety of the client. The licensed nurse cannot possibly complete all these jobs.



**So what is delegation?** Let's take the idea apart.

First you need at least two "people". The next thing you need is a task or job. These two aspects seem simple.

**Example:** In a long term care facility you have one RN, two LPNs, and ten UAPs. Thirty-five residents need morning care (AM care) which includes bathing, dressing, and feeding.

✚ The "people" are the RN, LPN and UAPs.

✚ The task or goal is to complete AM care.

It would be illogical and impossible for the RN or the RN and LPNs to perform all these activities in a timely manner. Licensed personnel, in this case the RN, must assign the LPN's and UAPs in order to accomplish AM care.

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Let's say the RN assigns each UAP 3 patients, the LPNs 2 patient each and one patient for his/herself. All patients are allocated and all tasks should be complete in a timely manner. Keep in mind the RN and LPNs may have other jobs to perform.

Think how you would feel if you were trying to clean ten patients and you saw six CNAs sitting at the nurse's station drinking coffee and laughing. Would you be happy or aggravated? How do think the UAPs and other staff members would feel if they observed you sitting with your feet up reading a book while they were hard at work?

✚ So what has happened in the example of delegation?

✚ The workload has been shared.

So part of delegation is to divide the tasks among the available staff. The first objective is that all the jobs are completed. If licensed personnel were to take on all responsibilities the goal of AM care would never be reached. If the workload is shared fairly among the staff then all aims should be accomplished.

✚ But let's look a little closer.

✚ What was the task again?

The patients needed to be bathed, dressed, and fed. Think about these jobs and ask yourself who is capable of performing the assignments.

**Can the RN bathe, dress and feed a patient? Yes.**

**Can the LPNs bathe dress and feed a patient? Yes.**

**How do you know this?**

You know the answer because you are aware of what education nurses must complete. You understand the RN and LPNs are perfectly capable of carrying out the responsibilities of AM care but what about the UAPs? This is where delegation can get tricky.

### Let's take a closer look.

Roles and capabilities of members of the health care team

Who are the members of the healthcare team? In the case we have just looked at they would be the RN, LPN and UAP but there are many others people and professions that can provide care for the patient. Respiratory therapists, dieticians, physical therapists, and occupational therapists are only a few examples of those would will be involved in patient care. Let's not forget the physician, physician assistant or nurse practitioner as vital additions to the assembly. Each person has a role and responsibility. Each person has received different training or schooling in order for them to perform those duties. Most have been licensed or certified in the state in which they practice. That license or certification states how the holder participates as a member of the health care team.



**Example:** The role of the physician is to diagnosis, prescribe, and otherwise treat the patient. You would not expect the physician to come to the floor at 7:30 in the morning to give all of his/her patient's medications for the day. Is the physician capable of this task? Probably yes. Is the task making proper use of the doctor's skills? No. Other members of the health care team are better suited for this role.

**Example:** The role of UAPs is to assist the nurse. They have training in basic patient care which includes hygiene. Would you expect the UAP to give bed baths, dress, and feed the patients? Yes. Do you think this would be an appropriate task for the UAP? Yes.

There is one point that has to be clarified here. How do you really know if the health care team member is capable of performing the task (remember the task we are talking about is giving AM care)? You know that the RN or LPN must have met certain standards in order to obtain a

license. Assigning jobs that keep within the scope of practice should present little or no difficulty. The problem occurs with the nurse's aide (NA), certified nurse's aide (CNA), and patient care technician (PCT). While these titles may vary from state to state there is one important factor that remains consistent and that is education or training.

The PCT and CNA have usually completed a formal instructional program. Certification typically involves some sort of examination that must be passed successfully. Your facility should maintain up to date records in regards to qualifications of all personnel. Records must be in keeping with any state regulations as well. Your facility should also have a written job description for all members of the health care team. The job description should be clear and easily accessible as well. You are not expected to know exactly what classes UAPs completed or what grades were received. You are required to know what jobs the UAPs are capable of performing. NAs can be a problem. Some facilities train their own. There still should be a job description and record of education however.

What have we done so far? We have selected the right task (AM care) and assigned the right person (UAP) to complete the job. We are building a list for how to delegate.




### **Let's look further.**

In the morning there are many tasks that must be accomplished. We have already said that all the patients must be cleaned, dressed and fed. Some of the clients may have treatments such wound dressings that must be changed, assessed, and documented. Medications must be administered. Physicians may have to be contacted due to change in patient status. That is only to name a few of the jobs that are needed to be accomplished.

At the beginning of this section we discussed sharing the workload. From what we have already discussed you can see that many tasks need to be performed. Some of these jobs require

more training or responsibility than others though all are important factors in patient care. We have just described the circumstances, specifically morning care, in which delegation will occur.

This is another addition to our list.

-  Right person
-  Right task
-  Right circumstances

We now have three requirements for proper and prudent delegation of nursing tasks but there other conditions that need to be met.

**How does the staff know what jobs they have to do?**





**Are they mind readers or telepathic?** No.

There must be direction and communication.

Communication must contain the right and clear information. It is probably best to have staff assignment in writing. This may seem like a very basic idea but it can certainly avoid confusion. Preprinted or handwritten lists can be used. In some healthcare settings “white boards” may be essential. Be careful not to include patient data such as name or diagnosis.

Patient conditions can change rapidly. Information must be conveyed. Let’s say that the patient has just started a new antihypertensive medication. The RN or LPN must assess the blood pressure to make sure there is not a hypotensive episode. Normally the patient is gotten out of bed the first thing in the morning. The RN/LPN wants to perform orthostatic blood pressures in order to assure patient safety. This procedure should be performed before the patient gets out of bed. If the UAP is not informed of the need for this evaluation the patient could get dizzy, fall, and cause injury. If there is proper communication between staff there should be no negative outcome.

In another example the RN is concerned about a patient's condition. The RN asks the UAP to obtain a finger stick blood sugar. In this case the UAP has been properly trained to perform this task and finger sticks are a usual part of their job. The RN is contacting the physician with the other vital signs and lab results. If the UAP is not informed that the blood sugar results should be obtained immediately they may wait until the usual time. If the RN communicates the need for urgency then the UAP will understand that the task is important and must be rapidly completed. We have now added to the delegation list.

-  Right person
-  Right task
-  Right circumstances
-  Right direction and communication

There is one final component to be added to the delegation list. How do you know that the task has been completed and how do you know that the job was done well. There must be some form of evaluation and supervision.

Supervision can be direct or indirect. In direct supervision the delegator must watch as the task is completed. This situation might occur in the case of a student/teacher relationship or orientation for new staff members. Direct supervision demands time on the part of the delegator. Indirect supervision occurs when the delegator evaluates the task's successful completion after the fact. This is a much more common occurrence. The delegator or RN can see that the patient is dressed, bathed and well fed. Further assessment indicates that medications have been administered in a proper manner or wound dressings have been changed. The delegator has supervised and evaluated assigned tasks. We now have the final addition to the delegation list.



## Right person

- Right task
- Right circumstances
- Right direction and communication
- Right supervision and evaluation



Who is ultimately responsible for patient care? The answer is usually the RN. The RN is the delegator and is handing over a task to someone from that delegator's practice. In most states the LPN cannot delegate. The RN is ultimately responsible. The RN must allocate appropriate tasks to staff. Team partners include other RNs, LPNs and UAPs. The task must be within the staff member's ability, training, and scope of practice. The RN must be aware of any limitations in this regard. For example the LPN cannot give IV push medications, administer blood, or perform the admission assessment in most if not all states. These could not be assigned tasks. The LPN should not be assigned an unstable patient. Care of the critical patient is more in keeping with the RN's expertise. UAP's should not be expected to perform patient teaching. This activity is in the job description of the RN or LPN.

All staff member should be aware of their own scope of practice and job description. Individual state boards of nursing are excellent sites to obtain this information. Remember that each state is different. If you are licensed or certified in Ohio and move to Arizona you must obtain certification or license in Arizona in order to practice. What states allow in your scope of practice may vary. It will be your responsibility to obtain the proper information.

There is one relatively new factor that must be examined. Medication administration by unlicensed personnel has been enacted in several states. UAPs must undergo training in medication administration including oral, topical and eye drops. Injections are usually not included. Locations for these activities are usually assisted living facilities. Overall nursing shortages have been cited as the catalyst. Financial considerations should not be overlooked. Most states require a RN to be directly responsible for the actions of the UAPs and to assess patients for any undesirable affects. It would be prudent to check your own state to discover if this policy in affect.

**To review:**

***In most cases it is the RN that delegates.***

We have realized that delegation is necessary but not simple. It carries with it responsibility and demands knowledge. When delegation is done properly patient care and safety is accomplished and maintain. If delegation is performed improperly the patient and staff members are put at risk.