Delegating without doubts

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Using a decision tree increases your confidence when delegating tasks to assistive personnel.

On a busy evening, Shannon, a registered nurse, is assigned to care for eight hospital patients. Because her unit is short-staffed, Jordan, an unlicensed assistive personnel (UAP), has floated from another department to help out. Although she has worked with Jordan before, Shannon still feels uneasy delegating tasks to him and wishes more nurses were working on this night.

On units like Shannon's, the nursing shortage and the need to contain healthcare costs leave nurses no choice but to delegate some tasks to UAP. If you're often required to delegate, you may share Shannon's concerns. You may even resist delegating in the belief that it threatens patient safety. Perhaps you worry your nursing license could be in peril if a UAP makes an error that injures a patient. Like many nurses, you may frequently second-guess your delegation decisions.

Your concerns are valid. Delegation errors are a primary factor in malpractice lawsuits against nurses. Many nurses are confused about when and how to delegate, and some aren't clear on state laws and facility policies that pertain to delegation.

"Why do I have to delegate?"

Because of changes in healthcare delivery, task delegation is here to stay—at least for the foreseeable future. In many facilities, delegation is crucial to cost containment.

Wishful thinking won't make delegation go away, so fight the tendency to think like a victim. Just as important, delegating is an expected professional nursing activity.

In fact, delegation has many benefits. Research and expert opinions suggest that effective delegation frees you up to do what you've been educated to do—make judgments about patients and coordinate patient care.

Step-by-step decision process

To help you navigate through delegation dilemmas with confidence, we've created a decision tree to guide you through the process of deciding whether to assign a task to UAP. (See *Using a delegation decision tree.*)

Decision #1: Do state rules and regulations support delegation?

First, find out what your state's nurse practice act says about task delegation. The practice act defines what nurses can and can't do legally. Most nurse practice acts include delegation as an expected role of the nurse. (For benchmark documents on delegation, visit www.ncsbn.org and the www.nursingworld.org.)

For easy reference to the nurse practice act, obtain a copy of the act from your state's nursing board and place it where you can refer to it frequently. For a quick link to your state board's website, visit http://www.ncsbn.org/regulation/boardsofnursing_boards_of_nursing_board.asp.

Decision #2: Do my state and facility permit me to delegate this task?

Determine if state law and facility policies permit you to delegate the specific task. Does the task lie within the scope of RN practice in your state? Remember—nurses must be licensed and able to perform any task they delegate.

Also, the task must be one that your facility designates as delegatable and that UAP can perform. A *delegatable* task is one that doesn't require nursing judgment. Typically, it's repetitive—for instance, measuring urine output and vital signs.

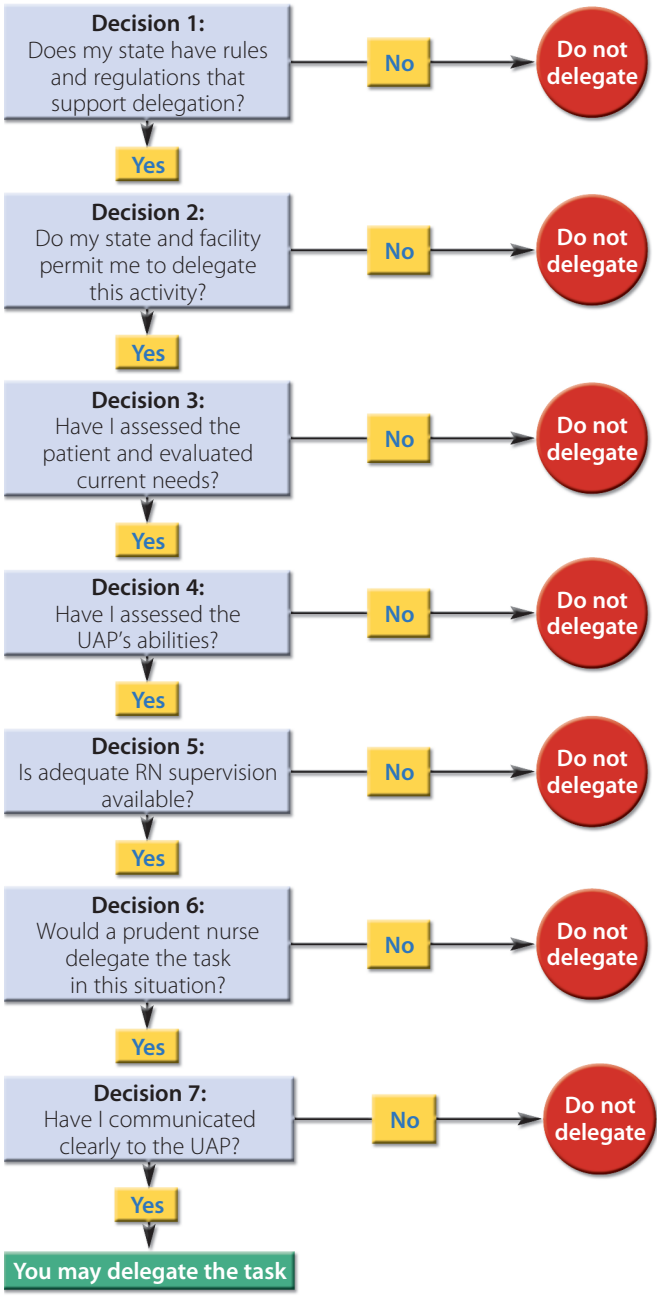
Don't delegate tasks that require specialized knowledge or complex observations, such as monitoring a patient with chest pain. Even experienced UAP aren't educationally prepared or licensed to perform such complex tasks.

Even if a task is delegatable, UAP aren't permitted to perform it independently. When delegating a task, you must do so in a specific situation. For instance, Shannon's hospital may permit Jordan and other UAP to ambulate patients—but only Shannon can decide whether Jordan should ambulate a particular patient at a particular time.

As a general rule, don't delegate the assessment, planning, and evaluation steps of the nursing process. Most nurse practice acts specifically prohibit nurses from delegating initial patient assessments, discharge planning, health education, care planning, triage, and interpretation of assessment data. UAP, licensed practical nurses (LPNs), and licensed vocational nurses (LVNs) can collect patient data, but only the registered

Using a delegation decision tree

Before delegating a task, ask yourself the questions below. Delegate the task only if you can answer "yes" to all seven questions.



nurse can interpret data. Jordan might report to Shannon that Mr. Wareham's urine output for the past 2 hours measures 20 cc. But he shouldn't interpret what this means—for instance, by stating that the patient's output is "low" or that Mr. Wareham "doesn't look good." Only the nurse can interpret assessment data.

To clarify which tasks your state considers delegatable, obtain UAP role descriptions from the state board of nursing. To find out about your facility's policy, ask your nurse-manager for UAP job descriptions and lists of tasks that you can or can't delegate to them.

Decision #3: Have I assessed the patient and evaluated current needs?

Before delegating, you must assess the patient and his or her current needs—then decide on a case-by-case, moment-by-moment basis whether it's safe to delegate the task. Omitting patient assessment could land you in legal jeopardy. For example, in *Busta v. Columbus Hospital Corporation* (1996), a nurse was found negligent for not assessing a postoperative patient who later fell from a hospital window and died.

Nurses are expected to foresee possible harm to patients. This means Shannon must assess patients before delegating tasks—or at least be confident a task has a predictable outcome. If a high-risk stroke patient requires feeding, Shannon must assess him first to know if he can safely swallow. Jordan can't make that evaluation, and Shannon shouldn't depend on Jordan's judgment.

Decision #4: Have I assessed the UAP's abilities?

Determine whether the UAP is capable of performing the task you intend to delegate. All healthcare personnel are responsible for maintaining skill competencies within their job descriptions. Your best legal protection lies in knowing the UAP's job description and having written documentation of the worker's competencies.

Beyond these basics, how would Shannon know if Jordan is competent? She could recall her experience working with him. She could ask co-workers, including the nurses and educators who trained him. If she can't get relevant information from them, she should ask Jordan the following key questions before assigning him the task:

- Have you been trained to do this task?
- Have you ever performed this task with a patient?
- Have you ever done this task unsupervised?
- How confident are you about performing this task accurately?
- What problems have you encountered with this task in the past?

Based on the answers to these questions, Shannon may decide to delegate, not to delegate, or to provide direct supervision while Jordan performs the task.

Ask the same questions before delegating a task to an LPN or LVN. Obtain copies of the LPN or LVN scope of practice and job descriptions. Base your decision on what the LPN or LVN is legally permitted to do—not on what that employee has "always done around here." Don't delegate tasks outside the LPN's or LVN's practice scope. In an unpublished case, an RN delegated care of an unstable neonate to an LPN. The RN didn't specify how often to check the blood glucose level and did not reassess the patient, on the grounds that the LPN

"has worked here longer than I have." The neonate suffered permanent neurologic damage, and the family received a large, undisclosed award. Bottom line—LPNs should accept only those assignments they're qualified, prepared, and licensed to perform.

Decision #5: Is adequate RN supervision available?
Negligent supervision is among the top 10 reasons for malpractice suits. The law requires you to provide adequate supervision when you've delegated a task. As the UAP performs the task, you (or another nurse who knows how to perform that task) must be available for supervision and support, if needed.

You're also required to judge the effectiveness of delegated activities. Although you may be tempted to put a task out of your mind once you've delegated it, you can't consider it done until you've evaluated the outcome. Remember—UAP focus on tasks, whereas nurses are responsible for patient outcomes.

The law also requires that you follow up on patient data that UAP report to you. Several legal actions have revoked the licenses of nurses who didn't respond appropriately to information they received from UAP. (See *How the courts have ruled.*)

Decision #6: Would a reasonable, prudent nurse delegate the task in this situation?
You must decide if it makes reasonable sense to delegate the task, given all aspects of the current situation. Professional practice standards, set by state boards and nursing organizations, tell us how ordinary, prudent, reasonable nurses should practice. Courts judge nurses against these professional standards. In legal proceedings, nurses may be called to testify about what is reasonable, expected practice.

If Shannon isn't sure whether delegation is reasonable and prudent in this situation, she has several options:

- She can ask an experienced colleague for advice.
- She can practice delegation using the decision tree with written or simulated case studies.
- She can request a peer review of her delegation decisions.
- She can contact the facility's risk manager for answers to specific legal questions.

Decision #7: Have I communicated clearly to the UAP?
Lack of teamwork and poor communication are common reasons for malpractice suits. Shannon must consider whether she has communicated her delegation instructions clearly, directly, and precisely. Did she

How the courts have ruled

Over the last few decades, numerous courts have ruled on various aspects of task delegation by healthcare workers. Here's a sampling of key rulings.

Risk in care delivery
Molden v. Mississippi State Department of Health (1998): Unlicensed assistive personnel (UAP) were found negligent for causing patient burns with hot water and failing to inform the nurse. The nurse's liability was determined by how quickly she reassessed the patient after the bath.

Todd v. Weakley County Nursing Home et al. (1998): Two UAP dropped a patient on the floor. Both the nurse who had delegated care to the UAP and the healthcare facility were found liable for the patient's damages. An appeals court found the UAP not liable because they weren't professional healthcare practitioners and therefore nursing standards for performance did not apply to them. The verdict didn't mention job descriptions and other UAP performance standards.

Healthtrust v. Cantrell (1997): The court found a healthcare facility and a surgical technician liable when a misplaced retractor damaged a child's hip. Standards for perioperative nursing, published by the American Operating Room Nurses Association, require that surgical personnel have adequate training. The court ruled that these standards had been violated because the technician hadn't been trained to hold retractors on a pediatric patient and didn't know the sciatic nerve location. The supervising nurses and surgeon were found not liable.

Risk of not following up
Leahy v. North Carolina Board of Nursing (1997); *Holston v. Sisters of the Third Order* (1995): Courts found nurses liable for failing to act on patient information reported to them by other team members. Leahy's license was suspended. The Holston family was awarded over $6 million dollars.

Risk in communication
Milazzo v. Olsten Home Health Care, Inc. (1998): The court found a UAP negligent for not reporting a significant change in a patient's condition. Because the nurse had assessed the patient according to hospital policy and delegated the task to the UAP appropriately, she was found not liable.

Strunk v. Christ Hospital (1994): A patient died after repeated complaints of abdominal pain, which the UAP didn't report to the nurse. The hospital settled out of court for $3 million.

For complete citations for legal cases mentioned in this article, visit www.AmericanNurseToday.com.

tell Jordan exactly what she wants him to do and by what time he must do it? Did she request specific feedback at a specific time? To satisfy this requirement, she might say, "I want you to reposition Mr. Sims and Mrs. Thompson every 2 hours tonight. Record each repositioning on this form. If you see any skin redness, let me know within 15 minutes. Bring the form to me every 4 hours so we can exchange patient updates."

Even if you've worked with a particular UAP for a long time, avoid the urge to mind-read or make assumptions about what the worker understands. If you rely on the judgment of a UAP—even an experienced one—you could be placing yourself in legal jeopardy. Be diligent in communicating and following up on delegated tasks.

Give UAP constructive feedback. At the end of shift, Shannon might tell Jordan, "Thanks for your help tonight. I'm especially glad you gave me those frequent vital signs on Mr. Downey. Next time, let's concentrate on shortening our wait time for transports off the unit."

When UAP make mistakes, keep your communications positive to maintain a good working relationship. Remember—UAP are valuable resources. The UAP who "knows" a unit is an asset. Retaining competent UAP benefits all stakeholders.

By the end of decision #7, you may be exhausted and wish you could just perform the task yourself. Resist this urge. Instead, push yourself to keep delegating. Remember—delegating gets easier with experience. If you're still having difficulty, ask your colleagues for feedback on your delegation decisions.

Who's responsible for mistakes UAP make?

Suppose Shannon delegates a task correctly but Jordan makes an error that injures the patient. Who's legally responsible?

When he agreed to perform the task, Jordan became legally responsible for his own actions. But Shannon remains accountable for the outcome of the task. She's required to evaluate the outcome of Jordan's work and correct any errors.

Nonetheless, the extent of a nurse's liability for UAP errors isn't clear from recent legal rulings. In some cases, delegating RNs were found liable; in others, the facility, UAP, or both were found liable.

Affirmations to ease your anxiety

If you're still feeling anxious about delegating tasks, repeat the following affirmations to yourself:

- I'm familiar with state and facility delegation guidelines.
- I know what types of delegation are legal. My colleagues and I support each other within these norms.
- I know how to determine whether a UAP is prepared to perform a task.
- I can let go of tasks I've always done. I can learn new skills and eventually enjoy them.
- I will gain confidence in delegating as I gain experience.
- I feel comfortable requesting peer review for my delegation decisions and will modify my decision making as needed.

Write down these affirmations and place them on a mirror, screensaver, or pocket card.

Setting an achievable goal

You know you're making sound delegation decisions when you assign a competent UAP a simple task not requiring nursing judgment in a predictable patient context. It may sound like a complex goal, but it gets easier with practice.

Push yourself to keep delegating. Remember—delegating gets easier with experience.

As your delegation skills improve, celebrate your successes. Focus on how delegation benefits you, your team members, and your patients. With courage, knowledge, and practice, you'll be delegating effectively in no time. ✭

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