



Guidelines for Registered Nurse Delegation to Unlicensed Assistive Personnel ©

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Guidelines for Registered Nurse Delegation

Developed by Nursing Delegation Workgroup September 2001- March 2002

Background:

There is generally a good deal of confusion concerning nurse delegation—among individuals, states, sites, and agencies (regulatory & provider). These problems around nurse delegation stimulated the formation of an ad hoc workgroup to clarify delegation issues. The Workgroup members are as follows:

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Workgroup members supplemented their diverse perspectives with research on nurse delegation policies and protocols in other states. The following summarizes our discoveries:

1. States vary in their treatment of nurse delegation. Some states specifically limit it to certain tasks and/or settings. (For example, some states will not let anyone but a nurse assist with pills, while other states have unlicensed workers caring for people using ventilators.)
2. National advisory entities such as the National Council of State Boards of Nursing provide general descriptions of the delegation process without citing specific tasks.
3. Wisconsin's Nurse Practice Act is very broad and open to interpretation.
4. Wisconsin's Board of Nursing has sometimes limited delegation to specific tasks or settings based on interpretations of broad statutory language.
5. Actual practice in Wisconsin varies widely, from very little delegation (in some institutions) to limited to no nurse involvement for people with disabilities living in community settings—even when unlicensed staff are performing health-related tasks for consumers unable to direct the cares.
6. Delegation is a skill in which nurses have various levels of competence.
7. Some states have developed statutes to clarify that consumer self-directed supports involves an absence of nurse delegation, because the consumer directs, not the nurse.
8. Clarification of delegation is needed for consumers who are not wanting or not able to fully direct their own cares. In other words, clear delegation protocols are needed for delegating tasks in community settings even with consumers who cannot direct the cares or workers.
9. Facility "downsizing" (reducing nursing staffs) and managed care's focus on cost effectiveness cause some nurses to be concerned that they will be forced to delegate tasks against their better judgment.

10. Different regulatory agencies have different perspectives about whether delegation is appropriate or allowable. Nurses commonly complain that their nursing practice is constrained by written restrictions or subjective interpretations by state regulators.

Since the majority of people prefer to live at home, in-home assistance must be as cost-effective as possible to help more people attain their desired quality of life. At the same time, consumers' safety and quality of care must be protected. Increasing proper nurse delegation can increase quality, safety, and cost-efficacy to support consumers' quality of life. Given all the confusions noted above, it appears that what is needed is a clear protocol or guideline for nurses and delegates to follow. The delegation workgroup has drafted such a guideline and is now distributing it for review and feedback. It should be noted that this guideline focuses on best practice, which is separate from reimbursement issues. It is hoped that reimbursement and regulations will be adapted to be consistent with this perspective on delegation.

We found that Washington State went through a similar process several years ago, and had the same issues as Wisconsin does. They formed a workgroup that developed delegation guidelines, and funded a pre-and post-implementation study to assess the impact of use of the guidelines. The study showed that nurses, UAPs, and consumers and families felt more confident and comfortable with clear guidelines, and that nursing delegation was introduced where there had been no nurse oversight at all before.¹

Workgroup Analysis of Nurse Delegation in Wisconsin

The Wisconsin Nurse Practice Act is one of the most flexible in the United States. Chapter N6 of the Wisconsin Administrative Code (Standards of Practice for Registered Nurses and Licensed Practical Nurses) has language on delegation as follows:

“SUPERVISION AND DIRECTION OF DELEGATED NURSING ACTS. In the supervision and direction of delegated nursing acts an RN shall:

- (a) Delegate tasks commensurate with educational preparation and demonstrated abilities of the person supervised;
- (b) Provide direction and assistance to those supervised;
- (c) Observe and monitor the activities of those supervised; and
- (d) Evaluate the effectiveness of acts performed under supervision.”

(Admin. Code N6.03 (3))

In addition, the Wisconsin Statutes (441 Board of Nursing) under 441.115 state the following regarding the rules governing nursing practice:

“This chapter shall not be construed to affect nursing by friends, members of the family or undergraduates in an accredited school, nor be construed to interfere with members of religious communities or orders having charge of hospitals or taking care of the sick in their homes, except that none of such excepted persons while engaged in activities shall represent herself as a graduate nurse unless registered under this chapter 2.”

1. Young, Heather M., and Sikma S.K., “Evaluation of the Implementation of Nurse Delegation in Washington State Community-Based Residential Care Settings,” *Washington Nurse*, 29 (1): 34-6, 1999 Winter.

There are no more specific details on delegation within the Nurse Practice Act itself. There are numerous restrictions on delegation in statutes and administrative code regulating various licensed or certified residential settings (e.g., CBRFs, adult family homes, assisted living) and providers (e.g., personal care agencies, home health agencies). Medicaid and Medicare have additional, sometimes differing, restrictions on nurse delegation. The delegation workgroup did not seek to revise or coordinate these diverse regulations by different state agencies. Instead, the workgroup focused on developing clear delegation guidelines for nurses and delegates to follow. These guidelines detail the nursing process (assess, plan, implement, and evaluate) that takes place at all steps in the delegation process. This highlights that fact that decisions about delegation are made by the delegating nurse following proper nursing procedure and nursing judgment. The delegating nurse assesses the consumer, the situation, and the task; the potential delegatee, the training needed, the return demonstration of competence; the level of supervision and support needed and available; and the ongoing quality of the care delivered. The delegating nurse uses the nursing process to determine whether delegation is appropriate in a particular situation, given all these details.

The Wisconsin Nurse Practice Act requires delegation “commensurate with the educational preparation and demonstrated abilities” of the delegatee. “Educational preparation” is not defined, and is variously interpreted. Some interpretations—again, varying among different state agencies—mandate certification as nurses’ aid or as personal care worker, with mandatory standard curricula. It should be noted, however, that such general trainings and certification are not always sufficient training to perform a particular delegated task with a particular consumer in particular setting and circumstances. Nurse delegators must always assess whether a specific delegation to a certified delegatee is appropriate. Nurse delegators must always ensure that the delegatee understands the delegated task, its expected outcomes, how to respond to problems, and how to contact the nurse for questions. Nurse delegators must almost always provide consumer-specific training and have the delegatee demonstrate competence. (This may not be needed when a relatively simple task is taught in general trainings and no additional training is needed for a particular individual or situation.) All of these training steps are inherent to the delegation process no matter what other training or certification the UAP has. In fact, the nurse delegation process can be followed successfully with any willing and able individual. Safety and quality are built in to the delegation process, because at each step the nurse assesses the situation and proceeds accordingly. The delegating nurse provides adequate training to ensure safety and quality of care. It is this specific training that is necessary and sufficient for delegation to occur. It is the delegation workgroup’s position that the delegation process itself ensures adequate “educational preparation and demonstrated abilities” of the delegatee.

The Delegation Guideline

The Delegation Workgroup sought to develop a clear delegation protocol that:

- A. Provides a decision process to determine if delegation of a particular task is appropriate or not.
- B. Lays out the step-by-step process of delegation from assessment through implementation and evaluation and documentation.
- C. Reduces nurses’ confusions and liability fears by providing A and B.
- D. Clarifies responsibilities of delegates. The delegation process also demands close communication between nurse and delegates; this professional support and responsibility often improves direct care worker morale and retention.

We believe the attached “Delegation Decision Tree” and “Delegation Guideline” meet these criteria. They are intended to be very clear and appropriate for use by nurses and delegates. They are consistent with contemporary nursing practice.

GUIDELINE FOR REGISTERED NURSE DELEGATION TO UAP'S

I. Introduction

The purpose of this delegation guideline is to ensure that nursing care services have a consistent standard of practice upon which the public and profession may rely, to safeguard the authority of the registered nurse delegator to make independent professional decisions regarding the delegation of a nursing task, and to protect the safety of consumers.

A licensed registered nurse may delegate specific nursing care tasks to unlicensed assistive personnel (UAPs) who meet certain requirements. Before delegating a task, the registered nurse delegator must determine that specific criteria described in this guideline are met. The registered nurse delegator and the UAP are accountable for their own individual actions in the delegation process.

This guideline addresses delegation of specific tasks. It in no way replaces general legal and ethical responsibilities of providers, including but not limited to emergency response procedures, crisis intervention, and consumer participation in service plan development. This guideline does not apply to tasks that do not require delegation, such as assistance with bathing, dressing, or other activities of daily living. The registered nurse retains overall accountability for the nursing care of the consumer, including nursing assessment, evaluation, and assuring documentation is completed. No person may coerce the registered nurse delegator into compromising consumer safety by requiring the nurse to delegate if the registered nurse delegator determines it is inappropriate to do so.

All the steps of the delegation procedure may be done by one delegating nurse, or may be shared by several nurses.

II The Delegation Procedure

Step 1: Use the **Delegation Decision Tree** to determine whether delegation of particular task is appropriate. If not, do not delegate. If task is generally appropriate for delegation, continue.

Step 2: The RN should delegate only in accordance with her/his education, training and experience. If necessary, the RN should seek consultation from a knowledgeable RN.

Step 3: Assess the consumer and situation including the environment and available resources to ensure that there are no unique factors that could make outcomes of the delegated task unpredictable.

Step 4: Assess the UAP's willingness and potential ability to perform the task with this consumer. The registered nurse delegator shall:

- a. Consider the psychomotor and cognitive skills required to perform the nursing task.
- b. Verify that the UAP is willing to perform the task in the absence of direct or immediate nurse supervision and to accept responsibility for her/his actions.

- c. Analyze the complexity of the nursing task and determine the required training or additional training needed by the UAP to competently accomplish the task.
- d. Assess the level of interaction required, considering language or cultural diversity that may affect communication or the ability to accomplish the task to be delegated, as well as methods to facilitate the interaction.

Step 5: Provide training for the UAP. Upon discretion, the RN may also require a demonstration of competence by the UAP.

Step 6. Provide clear and specific instructions to the UAP including when and how to contact the delegating nurse or back-up nurses.

Step 7: *Implement and Evaluate Delegation*

- a) The registered nurse delegator must ensure that the performance of the UAP is supervised and evaluated.
- b) The method of supervision is at the discretion of the registered nurse delegator.

Step 8: *Document the delegation according to agency policies.*

Note: The documentation of the tasks to be delegated will depend upon the complexity of the tasks, the setting and the agency practice guidelines and or protocols.

III Procedure for Implementing Changes in Delegated Tasks

- A. If a delegated task is changed or added, the registered nurse delegator must review the criteria and process for delegation prior to delegating the new or revised task to the UAP.
- B. The registered nurse delegator maintains the authority to decide if the new or altered medication, treatment, or procedure can be delegated immediately.
- C. Document the rescinding of the delegation

IV. Rescinding Delegation

- A. The registered nurse delegator may rescind delegation of the nursing task whenever the nurse believes that consumer safety is being compromised or for other reasons according to the judgment of the nurse.
- B. In the event delegation is rescinded, the registered nurse delegator initiates and participates in developing an alternative plan to ensure continuity for the provision of the task.
- C. Document the rescinding of the delegation.

DEFINITIONS

1. "Coercion" means to force or compel another, by authority, to do something that he/she would not otherwise choose to do.
2. "Complex task" means that a nursing task may become more complicated because of the interrelationship between the following criteria:
 - (a) The consumer's condition
 - (b) The setting
 - (c) The nursing care task and involved risks, and

- (d) The skill level required to perform the task.
3. The registered nurse delegator must identify the need for and facilitate procurement of additional training of the UAP prior to delegation in these situations. The registered nurse delegator may decide the task is not delegatable because it is too complex.
 4. "Consumer" means the individual recipient of the tasks. In community settings, "consumer" is the preferred word instead of "patient."
 5. "Guidelines" are systematically developed statements to assist practitioner and consumer decisions about appropriate health care for a specific clinical condition.
 6. "Outcome" means the end result or consequence of an action after following an established plan of care.
 7. "Procedure" means a series of steps by which a desired result is obtained, a particular course of action or way of doing something.
 8. "Protocol" means an explicit, detailed written plan specifying the procedures to be followed in providing care for a particular condition.
 9. "Registered nurse delegation" means the registered nurse transfers the performance of selected nursing tasks to competent UAPs in selected situations. The registered nurse delegating the task retains the responsibility and accountability for the nursing care of the consumer.
 10. "Supervision" means the provision of guidance and evaluation by a registered nurse delegator for the accomplishment of a nursing task or activity as outlined in this guideline including the initial direction of the task or activity, periodic inspection of the actual act of accomplishing the task or activity, and the authority to require corrective action.
 - a) "Direct supervision means immediate availability to continually coordinate, direct and inspect at first hand the practice of another" (Wisconsin Administrative Code N6.
 - b) "General supervision means regularly to coordinate, direct and inspect the practice of another" (Wisconsin Administrative Code N6).
 11. "Stable and predictable condition" means a situation in which the consumer's clinical and behavioral status is known through the registered nurse delegator's assessment to be non-fluctuating and consistent, including a terminally ill consumer whose deteriorating condition is predictable. The registered nurse delegator determines that the consumer does not require their frequent presence and evaluation.
 12. "UAP" means *Unlicensed Assistive Personnel*. It includes certified nurse assistants, personal care workers, daily living assistants, supportive home care workers, adult family home owners and staff, unlicensed workers in community-based residential facilities, assisted living facilities. UAP can be broadly interpreted to include any person paid to provide supports in community. Nurses' training of family members to perform tasks is training, not delegation.

DECISION TREE FOR NURSE DELEGATION

This decision tree is to assist Registered Nurses in determining if it is appropriate to delegate a particular nursing task in a particular setting to an Unlicensed Assistive Personnel (UAP) using these Delegation Guidelines.

It is assumed that a nurse has assessed the consumer and situation completely in order to answer the questions in this decision tree.

