**DELEGATION**: Transferring to a competent individual the authority to perform a selected nursing task in a selected situation.

**ACCOUNTABILITY**: Being responsible and answerable for actions or inactions of self and others in the context of delegation.

**DELEGATOR**: The person who delegates responsibility to another person.

**DELEGEE**: The person who accepts or receives delegation of a task or responsibility.

**SUPERVISION**: The provision of guidance or direction, evaluation and follow-up by the licensed nurse for accomplishment of the work and the result client outcomes.

**HOW DOES DELEGATION DIFFER FROM ASSIGNMENT?**

Assignment is the downward (i.e., from a nursing supervisor to a staff nurse) or the lateral (i.e., from one staff nurse to another) transfer of both the responsibility and accountability of an activity from one individual to another. The transfer must be made to an individual of skill, knowledge and judgment and it must be within the individual's scope of practice. According to the National Council of State Boards of Nursing (1997), ASSIGNMENT is designating nursing activities to be performed by an individual consistent with his/her licensed scope of practice.

It needs to be noted, assignment differs from delegation in that assignment may only be made to another licensed nurse who has a legally defined scope of practice. The assignment must be made to a nurse who is capable of accomplishing the assigned activity as well as legally licensed to perform the activity.

**RESPONSIBILITIES OF THE DELEGATING NURSE INCLUDE:**

- Verify the competence of staff
- Staff teaching
- Staff direction
- Ongoing evaluation of the acts of individuals
- Rectifying any incompetent actions of staff
- Reassessing patients
- Taking responsibility for all delegated tasks
- Assuring accurate documentation

**NURSE SUPERVISORS MAY BE HELD LIABLE FOR:**

- Improper training
- Improper delegation
- Improper assignments
- Inadequate supervision, and
- Failure to take appropriate action

**NURSES HAVE THE FOLLOWING OPTIONS IN THE FACE OF A PROFESSIONALLY OBJECTIONABLE ASSIGNMENT:**

1) Accept the assignment—however, this may leave the nurse open to civil liability if a patient suffers an injury which stems from an act of commission or omission by the nurse or by another employee for whom the nurse is responsible. Furthermore, the nurse's license may be jeopardized if he/she knowingly accepts and misperforms a role beyond his/her level of competence.

2) Accept the assignment and file an appeal—this will not help if a problem occurs during the course of the assignment—however, it is always appropriate to document problems that
occur as a result of an improper assignment—personal diary, letter or memo to the appropriate person, incident report, etc.

3) Reject the assignment—this may cause problems for the nurse who might be charged with insubordination, disciplined or even fired.

ACTIVITIES WHICH SHOULD NOT BE DONE BY NAPS (NURSING ASSISTIVE PERSONNEL INCLUDING BUT NOT LIMITED TO CNAS, HHAS, ETC.) INCLUDE:

1) The initial nursing assessment
2) Any subsequent assessment that requires professional nursing knowledge, judgment and skill
3) Establishing nursing diagnoses
4) Mutualization of care goals with the patient/client
5) Development of the nursing plan of care
6) Evaluation of the client's progress in relation to the plan of care
7) Any nursing intervention which requires professional nursing knowledge, judgment, and skill—According to the ANA, a nursing judgment is the intellectual process that a nurse exercises in forming an opinion and reaching a conclusion by analyzing the evidence.

The Five Rights of Delegation

Right Task—One which may be delegated for a specific patient. In general, tasks that can be delegated (assigned) are those:

1) Which frequently reoccur in the day-to-day care of a patient/client
2) Which do not require nursing assessments, nursing judgment
3) Which do not require complex and/or multi-dimensional application of the nursing process
4) For which the results are predictable and the potential risk is minimal; and
5) Which utilize a standard and unchanging procedure.

Right Circumstances—Consider all relevant factors including such things as the appropriateness of the patient setting and the available sources.

Right Person—Right person is delegating the right task to be performed on the right person.

Right Direction/Communication—Clear, concise description of the task, including its objective limits and expectations.

Right Supervision/Evaluation—Appropriate monitoring, evaluation, intervention, as needed and feedback.

THE SUPERVISING NURSE MUST:

- Know the expected method of supervision—direct or indirect
- Know the qualifications of NAP
- Know the competencies of the NAP
- Have specific information about the tasks that have been delegated
- Monitor the performance of the NAP
- Obtain information from the NAP and provide feedback
- Intervene in the care being given by the NAP if necessary
- Evaluate the client/patient's condition and outcomes
- Evaluate the performance of the NAP.

Continued on page 20
After Delegating the Task, Have You:

**Monitored** performance of the delegated nursing intervention?

**Verified** that the delegated nursing intervention has been implemented?

**Evaluated** the client's response and the outcome of the delegated nursing intervention?

**Monitored** the client's condition?

**Assessed?**

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**The HSC Health Care System**

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DELEGATE DECISION TREE

Is delegated task permissible by law?

Yes ➔

Is the delegated task within the scope of the RN/LPN?

No ➔ Do not delegate.

Yes ➔

Has the nurse developed a plan of care and identified those interventions that can be safely permitted by the NAP?

No ➔ Do not delegate.

Yes ➔

Has the nurse selected and identified nursing interventions, which do not require NAP to exercise critical thinking and independent nursing judgment, which do not require either complex or multi-dimensional application of the nursing process?

No ➔ Select and identify interventions appropriate to the skill level of the NAP

Yes ➔

Has the nurse trained or assured that the NAP has been trained to perform the delegated task?

No ➔ Train NAP to perform identified task.

Yes ➔

Is the NAP competent to accept the delegation?

No ➔

Yes ➔

Can the task be performed without requiring nursing judgment?

No ➔

Yes ➔

Are the results of the task reasonably predictable?

No ➔

Yes ➔

Can the task be safely performed according to policies and procedures established by the nurse administrator or supervisor?

No ➔

YES ➔

Can the task be performed without repeated nursing assessments?

NO ➔

YES ➔

DO NOT DELEGATE.
Seek alternative ways to provide care needed.

DELEGATE.