Nursing Delegation

Many of the questions following last week’s teleseminar on changes to the Illinois Nurse Practice Act sought clarification and definition of nursing delegation. This is a topic subject to scholarly research and requires significant discussion and interpretation. In the weeks ahead, information will be offered to assist nurses with refining their skills at delegation.

In 2005, the American Nurses Association (ANA) and the National Council of State Boards of Nursing (NCSBN) released a joint statement guiding nurses in using delegation safely and effectively. Among the principles of delegation are the “Five Rights of Delegation.” The RN uses critical thinking and professional judgment to be sure the delegation or assignment is:

- **The right task.** Appropriate tasks and activities include those defined by organization policies, procedures and job descriptions. Generally speaking, appropriate activities include those for which the results are predictable and the potential risk is minimal.
- **Under the right circumstances.** Consideration should be given to the health status of the patient/resident, staffing, as well as equipment and supplies available to carry out the assignment or task.
- **To the right person.** Identify the right person by using the state Nurse Practice Act for guidance as well as documented staff member competency.
- **With the right direction and communication.** May be oral or written, but varies according to the circumstances. Situation specific communication includes data to be collected and methods; specific activities to be performed; expected results or identification of potential complications.
- **Under the right supervision and evaluation.** Several authors who have written on the subject of delegation report that evaluation is often overlooked. Identify clear lines of authority, monitor performance, intervene as necessary; obtain and provide feedback; ensure proper documentation.

Nursing delegation requires the RN to utilize those critical thinking skills gained during both education and work experience. “Gray” areas will always exist and will require you to frequently revisit the “Five Rights of Delegation” and seek guidance from other nursing managers, executives and administrators. Next week, we will continue to look at issues of delegation, direction and the practice of nursing.
Nurse Practice Act Part II: A Lesson in Nurse Practice Act Origins

Many questions persist as we attempt to determine how changes to the Illinois Nurse Practice Act (the Act) will affect members. Information presented in this article will focus on content and origins of the Act which just might help answer some of your questions.

First let’s look at the structure and organizational requirements of the Act. The Department of Financial and Professional Regulation is responsible for licensing nurses (among others) in the state of Illinois. The Act requires formation and operation of a nursing board. The Nursing and Advanced Practice Nursing Board, comprised of 13 members are appointed by the Department Secretary following solicitation of recommendations from various nursing organizations. Primary functions of the board include making recommendations to the Department on rules for the Act (which are reviewed every 10 years), approving nursing education programs in the state and participating in disciplinary hearings.

The Act also requires formation and operation of a Nursing Advisory Board, chaired by the Nursing Division Coordinator for the Department. This board includes 11 members, all of whom are appointed by the governor and to the extent possible, reflect representation from the geographic areas in the state. This board is advisory to the Department and is charged with determining operational policy, administering grants and scholarships, making recommendations for adoption and revision of rules to the Act and for implementing the Center for Nursing. The Illinois Center for Nursing was established in 2006 as a strategy to “produce more highly skilled nursing professionals to meet the health care needs in Illinois”.

In the days that followed LSN’s tele-seminar, some were erroneously pointing the finger at the Illinois Department of Public Health (IDPH) as being the agency responsible for changes to the Act. While IDPH does have regulatory enforcement authority, they do not participate in rule making for the Act. Now, that we have established that the Nursing and Nursing Advisory Boards are responsible for writing rules for the Act, let’s examine how they are influenced when making those important decisions.

The National Council of State Boards of Nursing (NCSBN) is responsible for developing the NCLEX exams, and for providing an organization through which state boards of nursing act and counsel together on issues relating to the practice of nursing. Certainly there are differences between states on what constitutes nursing scope of practice, but ultimately state boards look to this organization and its publications for guidance. One such publication is a joint statement published with the American Nurses Association (ANA) that includes eleven premises which should constitute a basis for delegation of decision making. It is clear from this and many other writings that the issues around delegation strongly influence the practice of nursing.

One key premise is that which states that the “practice-pervasive functions of assessment, evaluation and nursing judgment must not be delegated”. The ANA defines assessment as a process completed by “the RN who uses a systematic, dynamic way to collect and analyze data about a client”. So according to the ANA, assessment includes collection of data (allowed under the Scope of Practice for LPN’s in the Act) and analysis of that data (not permitted within the LPN IL Scope of Practice). Bottom line: LPN’s may not “assess”.

Although your specific questions as to whether or not the LPN may act as the MDS or Restorative Nursing Coordinator have yet to be answered, the information presented offers some explanation for the current rules and dispels a commonly held myth about IDPH. LSN continues to seek clarification on all issues raised about nursing practice in their member communities. If you have any questions or comments, please send those to Cathy Nelson.
Nursing Delegation: Organization-related Principles and Responsibilities

Delegation is commonplace in the practice of nursing, especially in the presence of workforce shortages and increasing complexity of residents in various settings. This week we'll continue to look at some of the overarching principles of delegation and the responsibility organizations have for creating systems that enable RN’s to safely and effectively delegate nursing activities and tasks.

According to the American Nurses Association (ANA) 2003 Nursing Scope and Standards of Practice, the "RN assigns or delegates tasks based on the needs and conditions of the patient, potential for harm stability of the patient’s condition, complexity of the task, predictability of the outcome and abilities of the staff to whom the task is delegated". The nurse must have knowledge of the principles of delegation; however, it is the organization that collectively creates systems and strategies that allow safe and effective delegation to take place.

Included in its’ 2005 document “Principles for Delegation", the ANA offers organization-related principles as well as practice strategies for consideration and implementation. The first principle speaks to the accountability of an organization for maintaining or allocating sufficient staffing resources so that the RN can delegate appropriately. While many of us are well versed in the minimum staffing requirements affecting our communities; how many have critically evaluated staffing patterns for an appropriate level of variability? Even if changes do not seem necessary discussing and revisiting the subject with some regularity is important.

Another principle which has been mentioned several times in the preceding weeks is the importance for completing and documenting staff competencies. I’m aware of many nursing homes and organizations that conduct Skills Fairs, or who have annual in-service days where staff completes a majority of training requirements in one day. A few questions to consider: What training programs do you have in place for licensed nursing staff? Do you have programs in place for observing and documenting competency in medication pass? Do your programs reflect the changing nature of your residents? Is your orientation program a one-size-fits-all approach, or is it tailored to the needs of the individual (new graduate vs. seasoned veteran). Are new staff members assigned a mentor or go-to person when they have questions?

The final three principles speak to educating nurses on principles of delegation and the importance of developing policies that direct delegation. The ANA asserts that policies on delegation be developed with active participation of nurses at every level. When was the last time you discussed policy and procedures, in development, with affected staff? Including nursing staff in the process not only allows you to educate them on delegation but also on aspects of the Nurse Practice Act. Education addressing delegation is also a great opportunity to work with your staff on developing or honing those critical thinking skills. Many DON’s and nurse administrators struggle with identifying ways to teach critical thinking. The reality is that honing and developing that skill is rooted very deeply in the opportunities requiring critical thinking. One of the best ways to accomplish this is to present case studies during nurses meetings of real and fictional setting specific situations and encourage small group discussion and problem solving. If you have questions or comments about this article, please contact Cathy Nelson.
Nurse Practice Act and Delegation IV

Last week, member questions about the Act’s scope of practice and defining principles (including delegation) were submitted to the Illinois Department of Financial and Professional Regulation (IDFPR) for interpretation and response. Once those responses are received, LSN will share all available guidance with its members. This article will offer additional thoughts and considerations on the practice of nursing in our state.

A re-visit to the 2005 document published by the American Nurses Association (ANA) on “Principles for Delegation”, discloses that the RN may delegate elements of care, but not the entire nursing process. Certainly, this statement offers explanation for the language included in our Act that outlines the practice of nursing for LPN’s. Specifically, the LPN may only collaborate and collect data for the assessment; collaborate in the development and modification of the RN’s or APN’s plan of care; implement the care plan as delegated and participate in evaluating patient response.

When delegating, the RN must give careful consideration for complexity of the task, stability of the patient/resident condition and predictability of the outcome. We’ve had many questions from members about when and how delegation should occur and how much supervision may be required when delegating tasks. The answer: it depends! An example: an RN who delegates the task of taking a monthly blood pressure to the CNA in an established, stable resident is commonly accepted in long-term care to represent appropriate delegation. What if the CNA is taking a blood pressure for the LPN who will use the reading to determine whether or not to administer blood pressure medication? If the blood pressure reading was obtained incorrectly and medication administration resulted in a negative outcome for the resident, both the LPN and RN are accountable. The reason: the Illinois Nurse Practice Act requires that medication administration be delegated to the LPN by the RN. The RN, as has been stated many times before, is ultimately responsible for the outcome of delegated tasks.

A review of fourth quarter disciplinary reports against nurses on the IDFPR website revealed some interesting findings. Besides a few of the rather obvious reasons including diversion of narcotics and defaulting on students loans; one nurse received discipline for disclosing confidential information; three for practicing outside their scope of practice and two for pre-charting medication administration. As DON’s, ADON’s and nurse managers, if you do not share these disciplinary reports with your staff, please consider doing so. This is not suggested merely to “scare” your staff, but rather to educate licensed nurses on how the Board of Nursing in our state interprets established rules. If you have any questions or comments, please do not hesitate to contact Cathy Nelson.