CHAPTER 6

UNIT 1 SAFE, EFFECTIVE CARE ENVIRONMENT
SECTION: MANAGEMENT OF CARE

CHAPTER 6

Delegation and Supervision

Delegation is the process of transferring the performance of a task to another member of the health care team while retaining accountability for the outcome. Qtc

Supervision is the process of directing, monitoring, and evaluating the performance of tasks by another team member. Nurses are responsible for supervising the performance of client care tasks they delegate to others.

Licensed personnel are nurses who have completed a course of study in nursing and successfully passed either a PN or RN examination.

Unlicensed personnel are individuals who have had training to function in an assistive role to licensed nurses in providing client care.

These unlicensed individuals might be nursing personnel, such as certified nursing assistants (CNAs) or certified medication assistants (CMAs), or they might be non-nursing personnel, such as dialysis technicians, monitor technicians, or phlebotomists.

Some facilities differentiate between licensed and unlicensed personnel by using the acronym NAP for nursing assistive personnel or AP for assistive personnel.

DELEGATION

A licensed nurse is responsible for providing clear directions when delegating a task initially and for periodic reassessment and evaluation of the outcome of the task.

- RNs may delegate to other RNs, PNs, and AP.
  - RNs must be knowledgeable about their state's nurse practice act and the regulations that guide the use of PNs and AP.
  - RNs must delegate tasks so that they can complete higher-level tasks that only RNs can perform. This allows more efficient use of all team members.
- PNs may delegate to other PNs and to AP.

DELEGATION FACTORS

- Nurses may only delegate tasks appropriate for the skill and education level of the individual who is receiving the assignment (the delegatee). Qs
- RNs may not delegate the nursing process, client education, or tasks that require nursing judgment to PNs or to APs.

TASK FACTORS: Prior to delegating client care, nurses should consider the:

- **Predictability of the outcome:** Will the completion of the task have a predictable outcome?
  - Is it a routine treatment?
  - Is it a new treatment for that client?
- **Potential for harm**
  - Is there a chance that something negative could happen to the client (bleeding, aspiration)?
  - Is the client unstable?
- **Complexity of care**
  - Does the client's care require complex tasks?
  - Does the state's practice act or the facility's policy allow the delegatee to perform the task, and does she have the necessary skills?
- **Need for problem solving and innovation**
  - Is judgment essential while performing the task?
  - Does it require nursing assessment or data-collection skills?
- **Level of interaction with the client:** Does the delegatee need psychosocial support or education during the performance of the task?

DELEGATEE FACTORS

- Education, training, and experience
- Knowledge and skill to perform the task
- Level of critical thinking the task requires
- Ability to communicate with others as it pertains to the task
- Demonstration of competence
- The facility's policies and procedures Qs
- Licensing legislation (state's nurse practice acts) (6.1)

6.1 Examples of tasks nurses may delegate to PNs and APs
(provided the facility's policy and state's practice guidelines permit)

TO PNs
- Monitoring findings (as input to the RN's ongoing assessment)
- Reinforcing client teaching from a standard care plan
- Performing tracheostomy care
- Suctioning
- Checking NG tube patency
- Administering enteral feedings
- Inserting a urinary catheter
- Administering medication (excluding IV medication in some states)

TO APs
- Activities of daily living (ADLs)
  - Bathing
  - Grooming
  - Dressing
  - Toileting
  - Ambulating
  - Feeding (without swallowing precautions)
  - Positioning
- Routine tasks
  - Bed making
  - Specimen collection
  - Intake and output
  - Vital signs (for stable clients)

DELEGATION AND SUPERVISION GUIDELINES

- Use the five rights of delegation to decide. (6.2)
  - Tasks to delegate (right task)
  - Under what circumstances (right circumstances, such as setting and resources)
  - To whom (right person)
  - What information to communicate (right direction and communication)
  - How to oversee and appraise (right supervision and evaluation)
- Use professional judgment and critical thinking skills when delegating.

Right task

- Identify which tasks are appropriate to delegate for each specific client.
- A right task is repetitive, requires little supervision, and is relatively noninvasive for the client.
- Delegate activities to appropriate levels of team members (RN, PN, AP) according to professional standards of practice, legal and facility guidelines, and available resources.

RIGHT TASK: Delegate an AP to assist a client who has pneumonia to use a bedpan.

WRONG TASK: Delegate an AP to administer a nebulizer treatment to a client who has pneumonia.

Right circumstances

- Determine the health status and complexity of care the client requires.
- Match the complexity of care demands to the skill level of the delegatee.
- Consider the workload of the delegatee.

RIGHT CIRCUMSTANCE: Delegate an AP to measure the vital signs of a client who is postoperative and stable.

WRONG CIRCUMSTANCE: Delegate an AP to measure the vital signs of a client who is postoperative and required naloxone to reverse respiratory depression.

6.2 The five rights of delegation

Right task
Right circumstance
Right person
Right direction and communication
Right supervision and evaluation

Right person

- Determine and verify the competence of the delegatee.
- The task must be within the delegatee's scope of practice or job description.
- The delegatee must have the necessary competence and training.
- Continually review the performance of the delegatee and determine care competence.
- Evaluate the delegatee's performance according to standards, and when necessary, take steps to remediate any failure to meet standards.

RIGHT PERSON: Delegate an PN to administer enteral feedings to a client who has a head injury.

WRONG PERSON: Delegate an AP to administer enteral feedings to a client who has a head injury.

Right direction and communication in writing, orally, or both

- Communicate what data to collect.
- Provide a method and timeline for reporting, including when to report concerns and assessment findings.
- Communicate specific task(s) to perform and client-specific instructions.
- Detail expected results, timelines, and expectations for follow-up communication.

RIGHT DIRECTION AND COMMUNICATION: Delegate an AP to assist Mr. Martin in room 312 with a shower before 0900.

WRONG DIRECTION AND COMMUNICATION: Delegate an AP to assist Mr. Martin in room 312 with morning hygiene.

Right supervision and evaluation QSEN

- Provide supervision, either directly or indirectly (assigning supervision to another licensed nurse).
- Monitor performance.
- Intervene if necessary (for unsafe clinical practice).
- Provide feedback:
  - Did the delegatee complete the tasks on time?
  - Was the delegatee's performance satisfactory?
  - Did the delegatee document and report unexpected findings?
  - Did the delegatee need help completing the tasks on time?
- Evaluate the client and determine the client's outcome status.
- Evaluate task performance and identify needs for performance-improvement activities and additional resources.

RIGHT SUPERVISION: Delegate an AP to assist with ambulating a client after the RN completes the admission assessment.

WRONG SUPERVISION: Delegate an AP to assist with ambulating a client prior to the RN performing an admission assessment.

Application Exercises

1. A nurse on a medical-surgical unit has received change-of-shift report and will care for four clients. Which of the following client's needs should the nurse assign to an assistive personnel (AP)?

A. Feeding a client who was admitted 24 hr ago with aspiration pneumonia

B. Reinforcing teaching with a client who is learning to walk using a quad cane

C. Reapplying a condom catheter for a client who has urinary incontinence

D. Applying a sterile dressing to a pressure ulcer

2. A nurse manager of a medical-surgical unit is assigning care responsibilities for the oncoming shift. A client is awaiting transfer back to the unit from the PACU following thoracic surgery. To which of the following staff members should the nurse assign this client?

A. Charge nurse

B. RN

C. Practical nurse (PN)

D. Assistive personnel (AP)

3. A nurse is delegating the ambulation of a client who had knee arthroplasty 5 days ago to an AP. Which of the following information should the nurse share with the AP? (Select all that apply.)

A. The roommate ambulates independently.

B. The client ambulates with his slippers on over his antiembolic stockings.

C. The client uses a front-wheeled walker when ambulating.

D. The client had pain medication 30 min ago.

E. The client is allergic to codeine.

F. The client ate 50% of his breakfast this morning.

4. An RN is making assignments for a practical nurse (PN) at the beginning of the shift. Which of the following assignments should the PN question?

A. Assisting a client who is 24-hr postoperative to use an incentive spirometer

B. Collecting a clean-catch urine specimen from a client who has a wound infection

C. Providing nasopharyngeal suctioning for a client who has pneumonia

D. Teaching a client who has asthma to use a metered-dose inhaler

5. A nurse is preparing an in-service program about delegation. Which of the following elements should she identify when presenting the five rights of delegation? (Select all that apply.)

A. Right client

B. Right supervision and evaluation

C. Right direction and communication

D. Right time

E. Right circumstances

PRACTICE Active Learning Scenario

A nurse manager is reviewing the responsibilities of delegation with a group of nurses on a medical unit.

NURSING INTERVENTIONS: List at least five tasks the delegating nurse must perform when supervising and evaluating a delegatee.