

To Delegate or NOT to Delegate? That is the Question!

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Participants will be able to:

- List 2 interventions to utilize when an IDD's health care needs have exceeded the parameters of RN Nursing Delegation.

OBJECTIVE

“Let whoever is in charge keep this simple question in her head (NOT how can I always do the right thing myself but) how can I provide for this right thing always to be done?”

- Whose Quote is this?

Florence Nightingale



DELEGATION

- To Delegate or NOT to Delegate:
 - and when do you determine it is no longer appropriate?

(In order to determine when not to delegate or no longer delegate one must understand the basis of when to delegate)

Delegation Decision!

It's important to understand:

“One of the most complex nursing skills is that of delegation”

How do you learn to delegate?



Effective delegation:

- Ohio's NPA
- RAA (Actual act of delegation involves)
 - Responsibility, Authorization, & Accountability

Delegation and What it Means

CONSIDER:

- **NURSING JUDGEMENT**
 - Nurse responsible for own judgment
- **INTERPERSONAL RELATIONSHIPS**
 - Develop with those you delegate
- **KNOWLEDGE AND SKILL**
 - Nurse has knowledge, if not, learn it first
- **INDIVIDUAL'S NEEDS/Family Needs**
 - Delegate based on IDD's needs, consider family needs



WHAT ELSE IN THE PROCESS?

CONSIDER:

- **STAFFING (PATTERNS)**
 - **Staff-sufficient, reliable, consistent, routine, staff ratio, responsible for all tasks, complexity of needs**
- **ENVIRONMENT**
 - **Arrangement (class to site),**
- **MATCHING SKILLS**
 - **SKA-Skill/Knowledge/Ability-take the responsibility**
- **AVAILABLE RESOURCES**
 - **Supplies available to do the tasks, the necessary resources to carry out the task (basics-water, electricity-back up plan) Outings-where performing, 911, Hospital when something goes wrong**

WHAT ELSE IN THE PROCESS?

- **CONSIDERING THE WHAT IF'S:**
 - CAN BE A HINDERANCE AS WELL AS A FORETHOUGHT IN DETERMINING DELEGATION
- ONE DOES NEED TO THINK OF THE WHAT IF'S WHEN CONSIDERING DELEGATION IN ORDER TO PLAN FOR VARIOUS SITUATIONS, BACK-UP PLANS, WHEN SOMEONE DOESN'T SHOW UP TO WORK, RUN OUT OF SUPPLIES-HOW TO ACCESS IF IN A VERY REMOTE AREA, ETC.
- IS NOT AN AUTOMATIC NO, DO NOT DELEGATE

CONSIDER THE WHAT IF'S!

**“Just because you can
doesn’t mean you should”**

**Every situation is dependent on well-
reasoned nursing judgment.**

**Consider the 5 Rights with your nursing judgment as
the basis.**

Delegation “Don’ts”

But...

“IF you can, you should”

Supports Independence!

This supports the right of the least restrictive care and we are all obliged to be fiscally responsible to whomever is picking up the tab.

Delegation “Do’s”

Who can create barriers and what are they? *Delegator

Responsible for it-do it myself

Infers you are liable-answer for another's actions: ANA responsibility involves liability with the performance of duties in a specific role (more to come on this)

Expect staff to know all the details

Fallacy-Do it better myself (SuperNurse)

Lack of experience, Insecurity, Fear of being disliked, **Refusal to allow mistakes**, lack of confidence in staff, **Perfectionism-leading to excess control**, lack of organizational skills, **uncertain of tasks/not able to explain**, not inclined to develop staff, **lack of developing controls-needs**, guidelines and not available to staff;

When Nurse entered workforce-Nurse as Primary
Vs. Team Model

BARRIERS



Who can create barriers and what are they? * Delegate

Lack of experience

Lack of competence

Avoidance of responsibility

Overdependence

Disorganization

Overload of work



BARRIERS

Who can create barriers and what are they? *Environment/situation

One Person Show

No Tolerance of mistakes

Critical of decisions

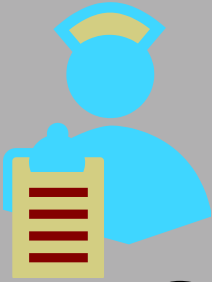
Urgency-leaving no time to explain

Understaffing



BARRIERS

Decision Tree for Delegation



Step One:

Assessment and Planning

Step Two:

Communication



Decision Tree for Delegation

Decision Tree for Delegation

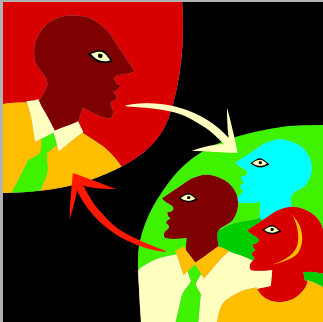


Step Three:

Surveillance & Supervision

Step Four:

**Evaluation and
Feedback**

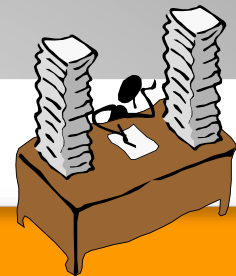


Decision Tree for Delegation

- As discussed earlier:
 - According to ANA:
 - Responsibility = Liability w/performance of duties in a specific role
- Now consider Responsibility in the role of delegation
- RAA
 - Responsibility-2 way process both allocated/accepted
 - Accountability- Nurse accountable for decision to delegate, per NPA & State's law (Ohio-no injections except Insulin, EpiPen and Glucagon)
 - Authorization- By virtue of license-authority to delegate

**Delegates responsible for quality of their performance
While the accountability rests within the decision to delegate. Nurse justifies decision to delegate.**

Deciding to delegate



The 5 Rights

- Five Rights of Delegation:
 1. Right task;
 2. Right circumstance;
 3. Right person(s);
 4. Right direction/communication
(and the 4 C's: Clear, (understandable to others) Concise description of the activity (not too much info. confused), Complete has all the information needed, Correct per State law, PnP, & JD)
 5. Right supervision

Deciding to delegate

Right Task	Within scope of UAP's practice? Compliant with JD? Delegated for a specific person?
Right Circumstance	Appropriate individual setting, available resources, & other relevant factors considered?
Right Person(s)	Right person is delegating the right task to the right person to be performed on the right person. KSA (Knowledge, skill ability)? Recognize fear and address it!
Right Direction/Communication	Provided with: 4 C's: Clear, Concise (description of the task), Complete (including its objective), Correct (including limits & expectations)?
Right Supervision	Appropriate monitoring, evaluation, intervention as needed and give & request feedback.

5 Rights of Delegation

All decisions related to delegation of nursing activities must be based on the fundamental principle of public protection.

Licensed nurses have the ultimate accountability for the management and provision of nursing care including all delegation decisions.

However, seldom is a single nurse accountable for all aspects of the delegation decision-making process.

(Nursing Administrators and Staff Nurses share the task)

**Delegation may not be just one
Nurses Responsibility!**

- Delegation requires:
 - RN's decision based on needs of individual, complexity of the task, & time it is to be done;
 - Timely information shared, define expectations, what changes to report, situation; guidance and support of the RN;
 - Build Trust, don't blame one another, be clear when staff need to report and when!
 - **Accountability retained by the RN; no longer appropriate to delegate, seek alternatives.**

Delegation Decision:

- State NPA
- Job Description, Co-workers and delegates
- Skill Checklists
- Individual's information (who to delegate)
- Delegates information (who to delegate to)
- Consider information you have, what can you delegate and when to complete further assessment
- How determine competency of delegate (DODD Skill Check)
- How communicate teams plan
- How often communicate with delegate based on their need for supervision, individuals complexity & dynamics (Use 4 C's)
- How evaluate effectiveness of plan, how give + feedback
- Mistake is made (determined delegate competent, procedure done improperly, what are you accountable for? How give feedback while encouraging growth & accountability?)
- Have you implemented the 5 Rights?

Checklist for MY Delegation Skills

- **Reverse the Delegation Process**

HealthCare Needs Exceed RN Delegation
when:

There is NO List of what you can/should
delegate just like there is NO list of when
you should not delegate!

It is based on the individuals circumstances
and the 5 Rights!

**Determining When HealthCare Needs Exceed
RN Delegation in the Community**

Consideration of Circumstances what NOT to delegate:

- Nursing tasks which require nursing assessment, judgment, evaluation, and researching during implementation: such as,
 - Physical, psychological, and social assessment which requires nursing judgment, intervention, referral or follow-up;
 - Formulation of the plan of nursing care and evaluation of individuals response to the care provided;
 - Administration of medication except as authorized by state &/or federal regulations.

When NOT to Delegate:

- Nursing Process
- Activities that rely on the nursing process or require specialized skill, expert knowledge or professional judgment,
- Assessing & making nursing diagnoses, establishing plans of care, teaching or counseling extensively, evaluating outcomes and discharging, including documentation of these activities, can be performed only by a professional nurse.

Cannot delegate

- Delegation = Understanding how/when to delegate will in turn create the understanding of when a situation warrants the withdrawal of delegation based on the individuals needs.
- If you are UNABLE to answer the questions to determine if you should delegate then a consideration to no longer or not initiate delegation is necessary.

Delegation Withdrawal

If no longer delegate, consideration of:

- Seek the preference of the individual to the ability to do so (must ensure health and safety of the individual)
- Community resources, such as Home Care
- Research for other community supports/agencies/ services depending on the need of the individual;
- Care Management Services-consolidation of service lead
- Additional educational support w/in confines of the certification of the UAP
- Alternative settings, as needed.

AGAIN-NO list of what NOT to DELEGATE-you DECIDE!

Not delegation, now what?

- Start with your State's Nurse Practice Act
- Consider State Law and Rule that governs UAP
- Develop guidelines/PnP based on these factors
 - Develop-evaluate-revise as needed
- Ability to serve-consideration of any current agency policy that overlaps with delegation considerations (Policy that states complex medical needs are not served)

Guidelines and Policy/Procedure

- Harold lives in an apartment by himself and is Diabetic. He has had a Self Administration Medication Assessment that determines he needs staff to administer his Insulin T.I.D. based on his Fingertick blood sugar results. He has orders for a sliding scale. His FSBS vary from day to day and his staff have been delegated for the past 18 months since the initiation of the Insulin injections. He has been hospitalized for the past 2 weeks due to instability of his blood sugars. He is being prepared for discharge and the concern for his unstable blood sugars is considered.
- Reinitiate to Delegate or not?
- How best to handle this situation?

Scenario

- Mary has been in the group home with 2 roommates for the past 10 years, they are all best friends and get along very well. All of the ladies in the house are wheelchair dependent. Mary has recently had a tube feeding placed and the guardian does not want Mary to go to a nursing facility, she wants her home upon discharge with her friends.
- What factors does the Nurse need to take into consideration?

Scenario

**What
situations have
you
encountered?**

Scenarios

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