



NEW HAMPSHIRE NURSES' ASSOCIATION

POSITION STATEMENT

New Hampshire Nurses Association 2019 Position Statement on Delegation

NHNA Delegation Task Force

The New Hampshire Nurses' Association Delegation Task Force was a volunteer panel of nurses representing different sectors of health care delivery in the state of New Hampshire. The Task Force created a Position Statement addressing nurse-delegation to *assistive personnel* (previously identified as *non-licensed personnel* or *unlicensed personnel*) with specific recommendations for Registered Nurse (RN) delegation to Medical Assistants in clinical practices in New Hampshire. Statements are based on ANA's *Principles of Delegation*, NH BON Nurse Practice Act, considerations from active position statements on delegation from other state boards, and the *National Guidelines for Nursing Delegation* (NCSBN & ANA, 2019).

In alignment with the new *National Guidelines for Nursing Delegation* (NCSBN & ANA, 2019), standards for delegation applies to all levels of nursing licensure. The term *Assistive Personnel* has been adopted, replacing *unlicensed personnel*, regardless of job title or certification. The members of the NHNA Delegation Task Force acknowledge that jurisdiction for Medical Assistant (MA) oversight is established within each health care facility. In facilities where RNs may delegate tasks to MAs, the statements related to assistive personnel apply.

Importance

Licensed and assistive personnel provide valuable health services within a variety of healthcare settings. These services should be delivered in collaboration to provide safe patient care. The roles and responsibilities of health care providers and assistive personnel are evolving to adapt to the rapid changes in health care (NCSBN & ANA, 2019). Each discipline has their own training and /or competencies. The ability to delegate is a critical competency for every RN. The decision to delegate or not to delegate depends on "the RN's judgement regarding the condition of the patient, the competence of all members of the nursing team, and the degree of supervision that will be required of the RN if a task is delegated" (NCSBN & ANA, 2019, p. 1). Other considerations include the available staff mix and overall patient acuity. The nurses must understand the NH Nurse Practice Act (NPA, 404) in terms of scope of practice and the process of delegation (NCSBN & ANA, 2019) so that safe, effective, and ethically-grounded care can be provided.

Delegation can be challenging when knowledge gaps exist for the licensed personnel regarding understanding of the roles, skills sets, competency, and training of other licensed and assistive personnel. Nurses may work with unlicensed and licensed personnel, such as registered and certified health care workers, including certified nursing assistants; Medical Assistants; and paraprofessionals, such as Paramedics and EMTs. The NH NPA addresses requirements for delegation in sections Nur



NEW HAMPSHIRE NURSES' ASSOCIATION

404.7 – 404.12, outlining specific conditions and situations that can and cannot be delegated. This information can be found on the NH BON website at:

http://www.gencourt.state.nh.us/rules/state_agencies/nur100-800.html. Each health care facility that allows the practice of RN delegation should have clear processes established.

The ability for licensed personnel to apply effective clinical decision-making for delegation may be impacted through assumed expectations of skill-sets and gaps in the practitioner's skills in applying evidence-based principles of delegation. This Position Statement intends to offer information and to recommend guidelines for delegation. These guidelines provide an overview of delegation across multiple practice settings and levels of services.

ANA Principles of Delegation

Expectations Regarding Assistive Personnel

Assistive personnel may be assigned to perform fundamental tasks that correspond to their basic education and specific training. These routine items of patient care activities are not considered to be delegated tasks, however, they still require licensed nurse oversight to assure complete and correct provision of care. According to NCSBN and ANA (2019), delegation involves

- Allowing the delegatee to perform a specific nursing activity, skill, or procedure that is outside the traditional role and basic responsibilities of the delegatee's current job
- The delegate has obtained the additional education and training, and validated competence....
- The licensed nurse who delegates the responsibility maintains overall accountability for the patient
- The delegatee bears the responsibility for the delegated activity, skill, or procedure. (p. 2)
- Nursing responsibilities are delegated by someone who has the authority to delegate the responsibility
- When delegating to a licensed nurse, the task must be within the licensed nurse's scope of practice (p. 3)

What cannot be delegated (p. 3)

- Nursing practice, nursing judgement, clinical reasoning, or tasks involving clinical decision-making
- Tasks not within the designator's scope of practice

Delegation Process

At least three levels of the delegation process: 1. Administration/Nurse leadership, 2. Licensed nurse delegator, and 3. Delegatee (NCSBN & ANA, 2019, pp. 3-9).

Administration – Nurse Leadership

- There must be a nurse-leader identified with oversight responsibility
- Determine which nursing responsibilities can be delegated and to whom and under which circumstances (may be a nurse-committee task)
- Develop policies and procedures (reviewed periodically)
- Evaluate delegation process (ongoing plan)



NEW HAMPSHIRE NURSES' ASSOCIATION

- Promote a positive culture/ work environment (Communication, collaboration, and resources)
- Provide access to competency training and updates, maintain records of competencies, and evaluate delegation process

The Licensed Nurse Delegator

- Responsible to determine patient needs and when to delegate; it is at the discretion of the licensed nurse. Consideration of state jurisdiction on delegation and facility's policies is needed before deciding to delegate. If delegation is not appropriate to the situation, the task should not be delegated.
- Communicate with the delegatee about the patient, task, expectations, and follow up on outcomes
- Ensure availability to delegate, provide guidance, and respond to questions
- Evaluate outcomes of and maintain accountability for outcomes of the designated task
- Communicate feedback to nursing leadership about the delegation process and any issues

The Delegatee

- Accept activities based on their competency level; if does not feel competent or comfortable, the designate should refuse the task and inform nursing leadership.
- Maintain competence for delegated tasks
- Communicate with the nurse delegator; questions, follow-up, concerns, or other information.
- Maintain accountability for delegated responsibility; task cannot be delegated to another individual. Any issues need to be communicated to the delegating nurse.

The Five Rights of Delegation

1. **RIGHT TASK.** Scope of practice, competency, policies and procedures
2. **RIGHT CIRCUMSTANCE.** Patient's health condition must be stable.
3. **RIGHT PERSON.** Has the skills, knowledge, capability
4. **RIGHT DIRECTIONS AND COMMUNICATION.** Specific to patient, licensed nurse, and delegatee; two-way communication.
5. **RIGHT SUPERVISION AND EVALUAITON.** Monitoring, follow up, evaluating, ready to intervene when needed, documentation.

Decision-Making Tree

RNs need education and practice with delegation skills (ANA, 2012, see p. 8 for more details).

A flowchart illustrating the decision-making process was developed (ANA, 2012, p. 12). Steps include

- Assessment of need, patient complexity, and if delegation can be considered as part of the care planning.
- Consider: Scope of practice.
- Consider: If regulations support delegation (Authority to delegate).
- Consider: if policies and procedures support delegation.
- Consider: If RN is competent to make delegation decisions.
- Consider: if task aligns to recommended criteria for delegating.



NEW HAMPSHIRE NURSES' ASSOCIATION

- Consider: If the person accepting the delegated task has skills, knowledge, and ability to carry out the task.
- Consider: Policies related to the delegated tasks.
- Consider: RN supervision.
- Document and evaluate.

Task Force members felt it may be beneficial to include some additional considerations within certain practice settings.

Guidelines for Specialty Clinical Settings

School Nursing and Delegation

School Nursing is a nursing specialty in which the nurse works autonomously. It is imperative that school nurses understand their role in delegation to unlicensed school personnel. The unlicensed school personnel to whom the school nurses will most likely be delegating a task to are individuals who may have minimal or no background in health care. To assist the school nurse with delegation, the New Hampshire School Nurses' Association has created a document that could help guide the school nurse with the delegation process in the school setting:

<https://nhsna.wildapricot.org/resources/Documents/NHSNA%20Delegation%2008032016%20update.pdf>

Office and Ambulatory Care Settings and Delegation

In order to clarify the nurse's role in the office practice setting and his/her accountability for the care provided by unlicensed and other personnel, the Task Force advises that the licensed individual must be aware of the competencies of the personnel to whom they are delegating responsibilities. When appropriate, nurses provide teaching and are responsible to supervise other office personnel who perform direct patient care activities. Office and Ambulatory Care settings should have procedures in place that clarify roles and expectations and must align to the Nurse Practice Act for delegation. The members of the Delegation Task Force found the position statement from NC Board of Nursing (NCBON, 2013) to be useful for reviewing and/or writing any standard operating procedures. Please refer to: <http://www.aama-ntl.org/docs/default-source/legal/uap-delegation-nc.pdf?sfvrsn=4>

Home Health Care Settings

There are many home care service organizations in New Hampshire. Many patients require home care services from unlicensed personnel. Every patient must have an assessment and care plan completed by an RN with a plan for delegated tasks the unlicensed individual may perform. As indicated earlier, assessment, evaluation, and care planning are the responsibilities of the RN. Each agency should have clear policies and procedures that align with the NH BON and follow principles of delegation. Tasks that may be performed by unlicensed individuals in homes should be clear to patients, their families, and the unlicensed individual. The unlicensed individual should feel supported to contact the agency for situations requiring assessment and evaluation by the RN.



NEW HAMPSHIRE NURSES' ASSOCIATION

Delegating to Medical Assistants

Medical Assistants are an integral part of medical practice in New Hampshire and fulfill a vital role in the delivery of health care in the state. Medical Assistants (MAs) are unlicensed and unregulated in New Hampshire. However, they might perform functions that are traditionally seen as nursing activities, such as giving injections, patient interview, collection of vital signs, and other activities. MAs may be supervised by licensed physicians and perform physician-delegated tasks. MAs may also be supervised by other licensed health care providers, such as RNs, LPNs, DOs, and ARNPs and perform delegated tasks.

The Task Force supports the recommendations posed by the NH BON (2010, Feb. 3), including:

- MAs must communicate their MA role to patients, vendors, and all persons they come into contact with and clarify they are not a nurse.
- Organizations / agencies must develop and follow policies that establish the distinct roles and functions of the MA and the RN in accordance to licensed scopes of practice.
- In situations where the RN delegates tasks to the MA, the principles of delegation and the decision-making flow chart applies.
- Additionally, Licensed healthcare professionals such as MDs, RNs, LPNs, ARNPs supervise the clinical activities of MAs. Quality assurance through observation and documentation review is essential to ensuring patient safety.

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NEW HAMPSHIRE NURSES' ASSOCIATION

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