



British Columbia
College of Nursing
Professionals

RN & NP



IMPORTANT

As of Sept. 4, 2018, the following nursing colleges amalgamated to become the British Columbia College of Nursing Professionals (BCCNP):

- College of Licensed Practical Nurses of British Columbia (CLPNBC)
- College of Registered Nurses of British Columbia (CRNBC)
- College of Registered Psychiatric Nurses of British Columbia (CRPNBC)

Although the information in the document you are about to access reflects our most current information about this topic, you'll notice the content refers to the previous nursing college that published this document prior to Sept. 4, 2018.

We appreciate your patience while we work towards updating all of our documents to reflect our new name and brand.



COLLEGE OF
REGISTERED NURSES
OF BRITISH COLUMBIA

Assigning and Delegating to Unregulated Care Providers

The CRNBC Practice Standard *Delegating Tasks to Unregulated Care Providers* (pub. 429) should be read in conjunction with this document. It sets out requirements related to nurses' practice in this area. The Practice Standard is available at www.crnbc.ca/Standards/Pages/Default.aspx

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Introduction

The purpose of this document is to outline the professional responsibilities and accountabilities of registered nurses working with unregulated care providers. Section A outlines the responsibility and accountability of registered nurses when assigning or delegating tasks to unregulated care providers. Section B provides a more detailed discussion of requirements for delegating to unregulated care providers as specified in the CRNBC Practice Standard *Delegating to Unregulated Care Providers*. Section C describes the two parts of the act of delegating – the decision to delegate and the process of delegation. Section D provides common examples of the organizational systems in which assignment and delegation occur in British Columbia. Section E reviews the issues that arise when registered nurses teach clients and families to provide care, and when clients and families hire unregulated care providers to provide care.

The CRNBC Practice Standard *Delegating to Unregulated Care Providers* and practice guidelines in this document are not intended to define issues of legal liability. Rather, they outline professional practice standards for registered nurses working with unregulated care providers. Registered nurses should be aware of employer policies that outline responsibilities and accountabilities of registered nurses in assigning and delegating to unregulated care providers.

Assigning and delegating can be very complicated, depending on the situation in which they occur. This document provides an overview of these two acts. If, after reviewing this document, you have questions or concerns about assigning or delegating, contact a nursing practice consultant or nursing practice advisor in CRNBC's Practice Support Service.

Some of the terms in this document are defined in the glossary section starting on page 23. These terms are marked with an asterisk (*).

Section A—Assignment and Delegation: An Overview

Assigning and delegating tasks to unregulated care providers is an increasing part of a registered nurse's practice in many practice settings in British Columbia. The content in this document clarifies the roles, responsibilities and accountabilities of registered nurses when assigning and delegating to unregulated care providers.

CRNBC policy is based on the premise that the acts of assignment* and delegation* by registered nurses¹ are different and that registered nurses have distinct responsibilities and accountabilities when assigning tasks or delegating tasks to unregulated care providers. It is important that registered nurses understand the difference between assignment and delegation and the circumstances within which each of these can safely take place.

Unregulated care providers are paid care providers who are neither registered nor licensed by a regulatory body and who have no legally defined scope of practice. Unregulated care providers do not have mandatory education or practice standards. Unregulated care providers include, but are not limited to, resident care aides, home support workers and special education assistants. Their work settings include client homes, group homes, residential care facilities and schools. Some registered nurses are responsible only for the act of assignment. For example, registered nurses in residential care commonly assign tasks to care aides. Other registered nurses do not assign tasks, but they have responsibilities for delegation. This is more common for some registered nurses in community roles. In these situations, the registered nurses and unregulated care providers are typically employed by different agencies. Other registered nurses, such as registered nurse home support supervisors, may be involved in both assignment and delegation. See Section D for further discussion on this.

This document outlines the responsibilities and accountabilities* of registered nurses when assigning and delegating tasks to unregulated care providers. While other regulated providers may have responsibility for assigning and delegating to unregulated care providers, this document only addresses issues related to registered nurses.

ASSIGNING TASKS TO UNREGULATED CARE PROVIDERS

Assignment occurs when the required task* falls within the unregulated care provider's role description* and training, as defined by the employer/supervisor. The employer is responsible and accountable for developing role descriptions that clearly outline the tasks that can be assigned to an unregulated care provider in that agency/health authority. Employers should ensure the unregulated care provider has completed an appropriate training program and supplement this training, if needed, with on-the-job training. The unregulated care provider's supervisor² is responsible and accountable for providing ongoing supervision to assess the unregulated care provider's ability to perform tasks within the role description. Unregulated care providers are accountable to their supervisor for the satisfactory performance of these tasks.

The registered nurse is responsible and accountable for overall assessment, determination of client status, care planning, interventions and care evaluation. After determining care needs, the registered nurse assigns tasks, not clients or functions,* to unregulated care providers. The registered nurse is responsible and accountable for assigning tasks within the role description of the unregulated care

1 "Registered nurse" includes the following CRNBC registrants: nurse practitioners licensed graduate nurses.

2 The supervisor of the unregulated care provider may or may not be a registered nurse.

provider and for providing guidance to the unregulated care provider. The employer is responsible for making the role description of the unregulated care provider available to the registered nurse assigning the tasks.

Registered nurses have a professional obligation to intervene if they become aware of any situation of unsafe or unethical care (e.g., if the unregulated care provider is unable to do an assigned task or completes it in an unethical way). Interventions may include guidance, teaching and direction, clarification of the care plan and, if necessary, reporting to the appropriate authority.

DELEGATING TASKS TO UNREGULATED CARE PROVIDERS

Delegating to an unregulated care provider occurs when the required task is performed primarily by registered nurses and is outside the role description and training of the unregulated care provider. The delegated task is always client-specific and the delegation is determined to be in that client's best interest.

As with assigning, registered nurses delegate tasks, not functions to unregulated care providers. The registered nurse is responsible and accountable for the overall assessment, determination of client status, care planning, interventions and evaluation of care. Overall client care and the decision-making used to determine that care cannot be delegated. The delegating registered nurse is responsible and accountable for providing ongoing supervision* to assess the unregulated care provider's ability to perform the delegated task. The unregulated care provider is accountable to the delegating registered nurse for performing the delegated task as taught and for reporting to the delegating registered nurse according to the care plan and agency policies.

There are two parts of the act of delegating: the decision to delegate and the process of delegating. When making the decision to delegate, registered nurses must consider factors related to the client, the delegated task, the care environment and the unregulated care provider(s). These factors are discussed in more detail in Section C.

Once the decision to delegate has been made, the registered nurse begins the process of delegating the task by ensuring that the unregulated care provider has the necessary knowledge and skills, and supervision, including support* to perform the task within the clearly defined limits. This process is also discussed in more detail in Section C.

Delegation is client-specific, meaning that the unregulated care provider must not perform the delegated task with another client unless it is also delegated to the unregulated care provider by a registered nurse.

See page 6 for an overview of registered nurse assignment and delegation to unregulated care providers.

Registered Nurse Assignment and Delegation to Unregulated Care Providers

ISSUE	ASSIGNMENT	DELEGATION
Definitions	<p>Assignment occurs when the required task³ falls within the unregulated care provider's role description⁴ and training, as defined by the employer/supervisor⁵</p> <p>The employer/supervisor is responsible and accountable for deciding which tasks are included in the role description and for the ongoing supervision to assess the ability of the unregulated care provider to perform tasks within the role description.</p> <p>The unregulated care provider is accountable to her/his supervisor for the performance of tasks within the role description.</p>	<p>Delegation occurs when the required task is performed primarily by registered nurses and is outside the role description and training of an unregulated care provider. The delegated task is client-specific and the delegation is determined to be in that client's best interests.</p> <p>The delegating registered nurse is responsible and accountable for the decision to delegate and the process of delegation including the ongoing supervision to assess the ability of the unregulated care provider to perform the delegated task.</p> <p>The unregulated care provider is accountable to the delegating registered nurse for the performance of the delegated task.</p>
Similarities between assignment and delegation	<p>Only tasks, not functions, can be assigned.</p> <p>The registered nurse has ongoing responsibility and accountability for the overall assessment, determination of client status, care planning, interventions and care evaluation.</p>	<p>Only tasks, not functions, can be delegated.</p> <p>The registered nurse has ongoing responsibility and accountability for the overall assessment, determination of client status, care planning, interventions and care evaluation.</p>

3 Task: Part of a client care function. The task has clearly defined limits. A function is a client care intervention. Performing a function includes assessing when to perform the function, planning and implementing the care, and evaluating and managing the outcomes of care.

4 Role description: A list of tasks, including the limitations, that can be done without delegation by unregulated care providers in the agency. Common tasks include personal care such as bathing and mobilizing. Determining the limits in the role description is important. Basic personal care activities such as assisting with eating can range from a low risk to a high risk activity. The role description should be based on the training program completed by the unregulated care provider. The list of tasks may not be part of the job description but must be available to registered nurses working with the unregulated care provider.

5 The supervisor of the unregulated care provider may or may not be a registered nurse; some registered nurses assign only, some delegate only, and some do both.

ISSUE	ASSIGNMENT	DELEGATION
Differences between assignment and delegation	Assignment is not client-specific.	Delegation is always client-specific.
	The role description outlines the limits of the task that is assigned to the unregulated care provider.	The delegating registered nurse determines the limits of the task that is delegated to the unregulated care provider.
	<p>The assigning registered nurse must assign tasks within the role description of the unregulated care provider and provide guidance to the unregulated care provider.</p> <p>The unregulated care provider's supervisor is responsible⁶ and accountable for providing ongoing supervision to assess the unregulated care provider's ability to perform tasks within the role description.</p>	<p>The delegating registered nurse must determine that the unregulated care provider has the knowledge and skill to perform the task within the clearly defined limits.</p> <p>The delegating registered nurse is responsible and accountable for providing ongoing supervision to assess the unregulated care provider's ability to perform the delegated task.</p>

⁶ All registered nurses have a professional obligation to intervene if they become aware of any situation of unsafe or unethical care. Intervention may include guidance, teaching and direction, clarification of the care plan and, if necessary, reporting to the appropriate authority.

Section B—CRNBC Practice Standard: Delegating Tasks to Unregulated Care Providers

Delegation by registered nurses to unregulated care providers occurs in many practice settings in British Columbia. The following principles are from the CRNBC Practice Standard *Delegating Tasks to Unregulated Care Providers*, available at www.crnbc.ca/Standards/Pages/Default.aspx

- 1. The responsibility for the practice of nursing cannot be delegated. The nurse must continue to be responsible for the overall assessment, determination of client status, care planning, interventions and care evaluation when tasks are delegated to an unregulated care provider.**

In making client care decisions, registered nurses use a systematic clinical decision-making approach (the nursing process) to gather information to determine client status, plan interventions, carry out these interventions and evaluate outcomes. When nursing tasks are identified and carried out independent of the clinical decision-making process – without appropriate assessment and interpretation – inaccurate or missed observations may occur, resulting in inappropriate or delayed treatment. Delegating tasks is only one possible outcome of the clinical decision-making process.

It is desirable for one registered nurse to be responsible for both the overall client care and the act of delegation. However, two registered nurses may be involved. For example, one may be responsible for the client's overall nursing care and the decision to delegate and the other may be responsible for the process of delegation. When more than one registered nurse is involved, the responsibility and accountability of both registered nurses must be clear.

- 2. Under certain conditions, a registered nurse may delegate selected tasks for a specific client to an unregulated care provider.**

The conditions under which a registered nurse can safely delegate tasks are outlined in Section C of this document. Delegation to an unregulated care provider is always client-specific.

The dynamic nature of nursing requires registered nurses to be competent to make judgments about the safe delegation of tasks to others. The tasks carried out by registered nurses are not in themselves the practice of nursing, nor are they legally reserved to registered nurses. Delegating a task to an unregulated care provider does not mean the registered nurse is delegating the practice of nursing.

Delegation may promote the most efficient use of another's knowledge and skill, including the ability of the client to direct some aspects of his or her health care. Delegation also gives registered nurses the opportunity to extend their services to a greater number of clients.

- 3. The decision to delegate an aspect of the client's care must be the decision of that client's nurse.**

Accountability for client care and delegation must be matched with the registered nurse's authority to make the decision about the appropriateness of delegating. Registered nurses must have the authority to decide when and when not to delegate within agency guidelines. The registered nurse who delegates a task must have the authority to decide:

- if delegation is appropriate for the client;

- the type and amount of training, ongoing supervision and support required by the unregulated care provider; and
- the type and amount of ongoing nursing care required by the client.

4. The best interest of the client must be embedded in all aspects of delegation decisions. Each situation is unique and must be decided on its own merits.

Registered nurses respect the informed decisions of capable persons regarding their own best interests. It is critical that the best interest of the client is the basis for decisions about delegation. The client's goals, perspectives and well-being should guide decision-making. Delegation decisions occur within the context of the registered nurse's clinical judgment and application of standards. Decisions need to reflect evidence-based practice. Quality client outcomes must remain a priority at all times.

Client best interest is the predominant principle in planning for an individual client. It may not be possible to meet the client's best interest and well-being as well as eliminate all risks to safety. To ensure clients are making an informed decision, registered nurses must make every effort to assist them to understand the risks and benefits of the decisions they make. Registered nurses should assist the client to reduce the risks to safety as much as possible. Registered nurses can modify the factors that influence delegation decisions (e.g., by teaching and supervising unregulated care providers and by increasing the client's ability to direct care, thus reducing risks to client safety). When the registered nurse believes that delegation is not safe or not in the client's best interest, the registered nurse should act as the client's advocate and take appropriate action to ensure the provision of safe care.

The discussion on health and wellbeing, choice and dignity in the Canadian Nurses Association's *Code of Ethics for Registered Nurses* provides direction when ethical issues arise during the act of delegation. Registered nurses should also be aware of the ethical and legal requirements for informed consent. CRNBC's Practice Standard *Consent* (pub. 359) at www.crnbc.ca/Standards/Lists/StandardResources/359ConsentPracStd.pdf provides registered nurses with a summary of practice expectations regarding informed consent.

5. The decision whether or not to delegate is complex and must include consideration of the client care needs (including client factors and task factors), care environment factors and the unregulated care provider factors.

The decision to delegate results from the registered nurse's assessment of the client's care needs, the context in which care is provided, and issues related to the unregulated care providers. These factors interrelate and must be considered in the decision to delegate. These factors are outlined in more detail in Section C.

6. The unregulated care provider must have sufficient training, supervision and support to perform the delegated task safely.

The delegating registered nurse is responsible for deciding on the training, supervision and support required by the unregulated care provider. The employing agency is responsible for providing adequate time to train the unregulated care provider as well as mechanisms for ongoing supervision by a registered nurse to ensure maintenance of learning and timely access to professional assistance for the unregulated care provider.

7. Agency policies and procedures must clearly outline the responsibility and accountability for all those involved in the act of delegation, including accountability for evaluating the decision to delegate.

Delegation should only occur when agency policies and procedures support registered nurse delegation to unregulated care providers. Agencies must clearly outline the responsibility and accountability of all staff involved in any part of delegation. When registered nurses from two agencies are involved in delegation, the agencies must collaborate to ensure that each registered nurse's responsibility and accountability is clearly described.

8. Agencies and unregulated care providers share accountability with registered nurses for safe delegation.

The provision of safe care to clients is a shared responsibility. All agencies, registered nurses and unregulated care providers involved in client care share the responsibility and accountability to provide safe care within established agency policies and procedures.

Agencies and health authorities that permit delegation of tasks to unregulated care providers are responsible and accountable for:

- providing a clear unregulated care provider role description based on the training program completed by the unregulated care provider;
- developing policies and procedures for delegation which include a clear description of each person's role, responsibility and accountability;
- ensuring adequate time for registered nurses to carry out client assessment and provide ongoing client care;
- ensuring adequate time for registered nurses to train unregulated care providers and provide ongoing supervision including support to unregulated care providers; and
- providing educational opportunities for registered nurses to develop the competence* to delegate. In addition, consultation should be available from registered nurses who can provide expert clinical consultation on delegation.

When registered nurses delegate outside their employing agency, the two agencies/ministries must collaborate to ensure the five requirements outlined above are met. Because the two agencies may disagree on some aspect of the delegation decision or process, resolution mechanisms must be in place in both agencies/ministries.

Registered nurses who engage in the act of delegation are responsible and accountable for both the decision to delegate and the process of delegation. Registered nurses should seek assistance or consultation from knowledgeable individuals when needed.

Unregulated care providers who carry out delegated tasks are responsible and accountable for:

- knowing what tasks they can perform through assignment;
- not performing any delegated tasks until they have authorization from a registered nurse;
- completing the delegated task as taught; and
- reporting to the registered nurse as specified in the care plan and the policies of the agency.

Employers must ensure that unregulated care providers are aware of their responsibilities in delegation.

Section C—The Act of Delegating Tasks

There are two parts to the act of delegation:

- The decision whether or not to delegate
- The process of delegation

It is preferable that the same registered nurse is responsible for making the decision to delegate and the process of delegation, although in practice these responsibilities may be shared by two registered nurses (see Section D).

THE DECISION TO DELEGATE: FACTORS TO CONSIDER

Three factors must be considered when deciding whether or not to delegate: the care needs of the client, the care environment; and the unregulated care provider. Care needs are further separated into client factors and task factors. Factors within each group can be defined and placed at two ends of a continuum (Figures 1-4). When a factor falls to the right side of the continuum, making the decision to delegate requires greater caution. Factors can be modified by moving them closer to the left side of the continuum and thus increasing the safety of the delegation. Issues related to the client's best interest must be embedded in all aspects of delegation decisions.

All factors interrelate and must be considered prior to making a decision to delegate. Determining the importance of the factors and their placement on the continuum is complex. Expert consultation and/or a case conference may be necessary to facilitate decision-making.

Care Needs

Client factors include: the stability* of the client's condition; the complexity of the client's needs; and the willingness and ability of the client to direct* care (Figure 1).

Figure 1: Care Needs – Client Factors

Lower Risk		Higher Risk
Client with a stable condition (physical and psychosocial) No changes are anticipated	↔	Client with an unstable condition (physical and psychosocial) Changes are anticipated
Well-defined, straightforward care needs	↔	Complex care needs
Client is willing and able to direct care	↔	Client unwilling or unable to direct care

Task factors include: the risk for harm from the task; the amount of clinical knowledge required to assess the need for, to implement and to manage outcomes of the task; the complexity of the task; the ability to maintain knowledge and skill to do the task; and the effect of the setting on implementation of the task (Figure 2).

Figure 2: Care Needs – Task Factors

Lower Risk		Higher Risk
Low risk for harm	↔	High risk for harm
High predictability; no/limited judgment required:		Low predictability; judgment required:
<ul style="list-style-type: none"> stable need for task stable response to task predictable outcome of the task 	↔	<ul style="list-style-type: none"> varying need for task unpredictable or changeable response to task unpredictable outcomes of task
Task has few steps and requires minimal technical/psychomotor skill	↔	Task has numerous steps and requires a high degree of technical/psychomotor skill
Task done frequently (enables unregulated care provider to maintain knowledge and skill)	↔	Task done infrequently
Task is not altered in different settings	↔	Task must be altered in different settings

Care Environment Factors

The care environment focuses on those factors related to the context in which care occurs (Figure 3). Factors include: the ability of the registered nurse to provide ongoing client care; the time to train the unregulated care providers and written procedures to augment this; the time and access to supervise the delegated task and support the unregulated care provider; the presence of organizational supports including policies regarding delegation and available clinical experts for the registered nurse; and the competence of the registered nurse in the act of delegation.

Figure 3: Care Environment Factors

Lower Risk		Higher Risk
Ongoing assessment, care planning, care evaluation by registered nurse available as needed	↔	Limited or unavailable ongoing assessment, care planning, care evaluation by registered nurse
Adequate time for unregulated care provider training; clear written procedures available for unregulated care providers	↔	Limited time for unregulated care provider training; no written procedures available for unregulated care providers

Appropriate supervision and support allows the registered nurse to monitor the unregulated care provider and consult or intervene as necessary ⁷	↔	Limited supervision and support available ⁷
Available organizational supports for delegation:		Limited organizational support for delegation:
<ul style="list-style-type: none"> • clear policies and procedures • clear responsibility and authority for delegation • expert clinical consultation for registered nurse 	↔	<ul style="list-style-type: none"> • policies and procedures unclear and unavailable • unclear responsibility and authority for delegation • no clinical consultation for registered nurse
Registered nurse has competence to delegate	↔	Registered nurse has limited competence in delegation

⁷ Consider onsite/offsite, direct/indirect supervision, *24 hour availability of registered nurse, speed of response by registered nurse, number of unregulated care providers performing delegated tasks supervised by registered nurse.

UNREGULATED CARE PROVIDER FACTORS

The last factors that influence the decision to delegate relate to the availability and skill level of the unregulated care provider (Figure 4). Factors to consider include: the number of unregulated care providers involved; the skill base of the unregulated care providers; the amount of new knowledge and skill required by the unregulated care provider; and whether the task is commonly delegated.

Figure 4: Unregulated Care Provider Factors

Lower Risk		Higher Risk
Few providers needed/infrequent staff changes ⁸	↔	Large number of providers needed/ frequent staff changes ⁸
Providers have standard skill base (e.g., resident care aide course)	↔	Providers have no standard skill base
Delegation would require minor change in existing skills and knowledge of unregulated care provider	↔	Delegation would require significant increase in existing skills and knowledge of unregulated care provider
Task commonly delegated in the existing circumstances	↔	Task not usually delegated in the existing circumstances

In general, delegation to unregulated care providers requires a client with a stable condition and a predictable response to care where the competency of a registered nurse or another regulated provider is not required. Appropriate training and supervision, including support for the unregulated care provider, are also critical issues to consider in the decision to delegate. If, once the decision to delegate has been made, any of these factors change, the registered nurse may decide at any point not to proceed with delegation of the task. Issues of the client's best interest must be considered at each stage of the decision to delegate. A case conference may be required to assist in complex delegation decisions.

⁸ Impacts on opportunity for the unregulated care provider to maintain skill and knowledge and registered nurse's ability to teach and supervise the performance of the delegated task

THE PROCESS OF DELEGATION: KEY ELEMENTS

Once the decision to delegate has been made, the delegation process is implemented by the registered nurse. The registered nurse may, at any point, decide not to proceed with delegation of the task.

The delegation process has six key elements:

Determine agency policy regarding delegation.

Determine that registered nurses are permitted by their employing agency to delegate to unregulated care providers and that the roles, responsibilities and accountabilities of all those involved in the act of delegation are clearly outlined in agency policies and protocols. When registered nurses delegate outside their employing agency, ensure that collaborative policies and protocols are in place between the two agencies.

Establish that the unregulated care provider has the necessary knowledge and skill to perform the task.

The task, including the limits of responsibility for the unregulated care provider, must be clearly defined.

The knowledge and skill required to perform the task safely within the defined limits must be clearly outlined.

(Note: The registered nurse who teaches and supervises the unregulated care provider must have the competence to carry out the intervention as well as the additional competence to adequately teach and supervise the performance of the task.)

The skills and knowledge of the unregulated care provider are assessed to determine if the unregulated care provider has the knowledge and skill to perform the task safely within the defined limits. If the unregulated care provider does not have the knowledge and skill, a decision has to be made about whether or not to teach the unregulated care provider. While all teaching is client-specific, some parts of the training may be done in a group/classroom setting followed by client-specific instructions. Following the teaching, the unregulated care provider's knowledge and skill must be reassessed and the training, observations, and knowledge and skill of the unregulated care provider documented. The agency should identify a place for this documentation. In general it should not be in the client's file.

(Note: If the unregulated care provider has not acquired the required knowledge and skill during training, the task should not be delegated.)

Establish supervision and support mechanisms.

Determine the type and amount of supervision and support needed by the unregulated care provider. A registered nurse must provide ongoing supervision to assess the unregulated care provider's ability to perform the delegated task. Delegating tasks is client-specific. The unregulated care provider must not perform the task with another client without it first being delegated by a registered nurse.

The registered nurse establishes mechanisms to assess maintenance of learning by the unregulated care provider. The degree of supervision and the need for either direct or indirect supervision* is established by the delegating registered nurse, based on the client circumstances, the complexity of the delegated task, and the knowledge and skill the unregulated care provider has demonstrated to that registered nurse.

The registered nurse must give the unregulated care provider clear directions for reporting, including when and how to seek assistance and communicate with the registered nurse.

Establish the type and amount of ongoing nursing care required by the client.

The type and amount of ongoing nursing care must be clearly outlined in the client's plan of care. Registered nurse visits to provide ongoing nursing care may be required more often than visits to monitor the knowledge and skills of the unregulated care provider in performing the delegated tasks.

Clarify responsibility and accountability.

The authority to perform the task is delegated within the clearly defined limits. Unregulated care providers must have an opportunity to accept the delegation and be clear about their responsibility and accountability (see Section B, principle 8). When registered nurses delegate outside of their own agency, they must ensure that the other agency has policies for delegation and agrees to accept the delegation to their employees.

Evaluate outcomes.

Evaluate the overall care of the client, including the decision to delegate.

Evaluate and give feedback to the unregulated care provider on the performance of the task. Feedback is important.

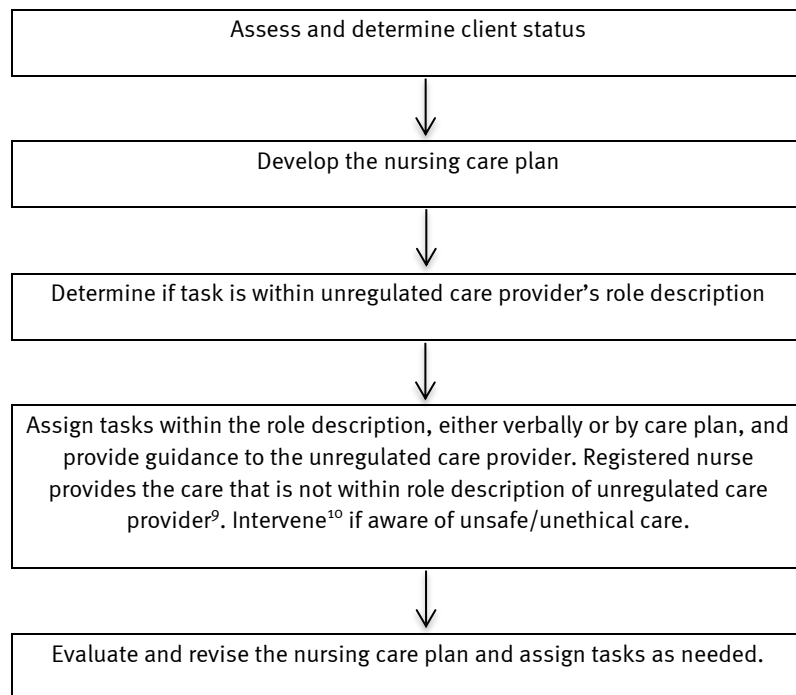
The registered nurse may, at any time, decide the delegation is no longer appropriate. The decision to delegate is an individual professional decision and a new primary registered nurse may review the delegated tasks and decide to discontinue the delegation as a result of the review.

Section D—Examples of Organizational Systems in which Assignment and Delegation Occur in B.C.

Assignment: Registered nurse and unregulated care provider in the same organization

Registered nurses working in residential care commonly assign to unregulated care providers (care aides). Unregulated care providers are assigned tasks that are within their role description. Normally, delegating tasks to care aides does not occur in residential care. The flow chart below outlines the registered nurse's responsibilities and accountabilities when assigning tasks to care aides.

Residential Care Assignment: Registered Nurse and Unregulated Care Provider in the Same Organization



⁹ Other regulated providers may also be involved in providing care.

¹⁰ Intervene if aware of any situation of unsafe or unethical care. Intervention may include guidance, teaching and direction, clarification of the care plan and, if necessary, reporting to the appropriate authority.

Assignment and delegation: Registered nurse and unregulated care provider in different organizations – Unregulated care provider supervisor is not a regulated health care provider

In some community settings where registered nurses delegate to unregulated care providers, the agency employs the unregulated care providers and another agency or health authority employs the registered nurse. Examples include registered nurses working for the Health Services for Community Living Program who delegate to unregulated care providers in group homes and registered nurses working for Nursing Support Services who delegate to unregulated care providers in day cares or schools. The registered nurse in these situations is not usually responsible for assignment to unregulated care providers. The unregulated care provider's supervisor is often not a regulated health care provider.

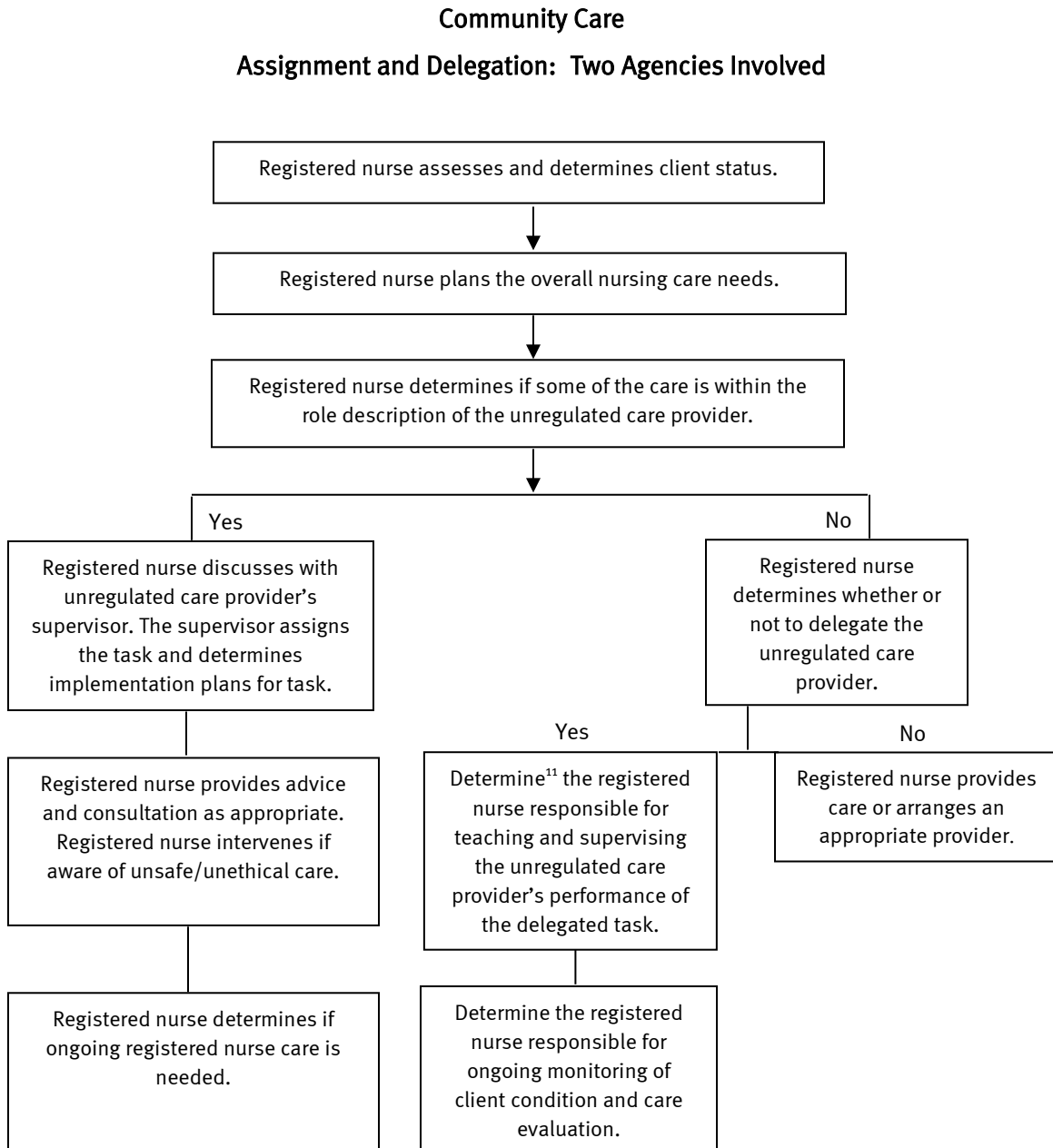
The two agencies/ministries in these types of situations must collaborate to ensure that safe delegation can occur. Because the registered nurse and the agency employing the unregulated care provider may disagree on appropriate delegation to, or selection of the unregulated care provider, dispute mechanisms must be clearly outlined by the two agencies/ministries. Registered nurses may encounter situations where there is no role description for unregulated care providers. Moreover, some unregulated care providers may not have completed a training program with the standard skill set in personal care that is included in the college training programs funded by the Ministry of Advanced Education. These factors make delegation more complicated.

Delegation: Registered nurse and unregulated care provider in different organizations – Unregulated care provider supervised by a registered nurse

According to the B.C. Ministry of Health's *Continuing Care Division Personal Assistance Guidelines*, tasks assigned to home support workers that are within their role descriptions are called standard practice tasks or Section I tasks. Tasks requiring delegation are called Section II or delegated tasks.

It is common in the community for health care agencies and health authorities to contract some aspects of delegation to a registered nurse employed in a home support agency. For example, a home care registered nurse may have overall responsibility for nursing care of a client and make a decision that delegating a task is appropriate. The home care registered nurse will likely need to consult with the registered nurse in the home support agency, particularly regarding care environment factors and unregulated care provider factors before the decision to delegate can be finalized. The home care registered nurse may then request a home support agency registered nurse to teach and supervise the unregulated care provider for this delegated task. When the act of delegation is shared between registered nurses from two agencies, the roles, responsibility and accountability of both parties must be clearly outlined. As with the previous example, when two agencies are involved, dispute mechanisms must be in place.

The flow chart refers to situations where two agencies are involved in the care of the client.



¹¹ See page 19, Delegation: Registered nurse and unregulated care provider in different organizations – unregulated care provider supervised by a registered nurse.

Section E—Clients and Families

REGISTERED NURSES TEACHING CLIENTS AND FAMILIES

Teaching clients and families involves a number of unique factors that are not relevant to delegating to paid providers. Registered nurses teach clients and families; they do not delegate to them. While delegation requires accountability, clients and their families who carry out care tasks are not accountable to the registered nurse.

The purpose of involving clients and families in care is distinct from the purpose of determining the appropriate level of paid provider. The decision to teach clients about their care is made, in part, to increase their ability to control their health care and decisions related to that care. Registered nurses play a major role in encouraging clients to improve and maintain their own health. Clients who are unable to provide their own care may request that family members or friends be taught to provide that care. Children and dependent adults may need families to provide care so they can remain in their homes. A critical issue in the decision to teach clients and families is the registered nurse's assessment of the family's willingness and ability to provide the care.

Nursing Responsibilities

Nursing responsibilities when teaching tasks include: assessing the appropriateness of teaching the client, family member or friend; determining that the person has the necessary skills and knowledge to perform the task safely; and ongoing evaluation to ensure the planned care continues to meet the client's needs. When the registered nurse assesses that the client or family is able to direct care and other nursing care needs are met, the client may then be discharged and encouraged to call the registered nurse if circumstances change. Clients or families who are unable to assume responsibility for care may need ongoing nursing care.

CLIENTS/FAMILIES HIRING UNREGULATED CARE PROVIDERS TO PERFORM TASKS

Some clients, particularly those with chronic health problems, are able to effectively direct the performance of tasks associated with their care. They would be independently managing their care if their illness or disability did not prevent them from doing so. To maximize their independence, such clients may choose to contract directly with unregulated care providers for assistance with self-care. When an individual contracts directly with an unregulated care provider, the provider who is contracted to perform the care is directly accountable to the client for the care provided. Families of children or dependent adults may also contract directly for services.

Nursing Responsibilities

Individuals or families who wish to hire their own unregulated care provider may request a registered nurse directly or through an agency to teach the required tasks to the unregulated care provider. The standard for registered nurses involved in delegating to an unregulated care provider includes teaching and ongoing supervision to ensure maintenance of learning by the unregulated care provider. The registered nurse also continues to be responsible for the overall assessment, determination of client status, care planning, interventions and care evaluation when tasks are delegated to an unregulated care provider. This ongoing nursing care ensures the care continues to be appropriate and safe.

If a registered nurse is requested by a client or family to assist in teaching an unregulated care provider, but not to provide ongoing client care or supervision to assess the unregulated care provider's ability to perform the task, the registered nurse should clarify with the client or family why they need help with teaching. For example, if the client needs assistance to teach, can that client provide ongoing supervision to ensure ongoing knowledge and skills of the unregulated care provider and ensure the care continues to be appropriate? The registered nurse should assist the client or family to be clear about the nursing care required. Registered nurses can also teach the client and family how to instruct and supervise the unregulated care provider. Furthermore, the registered nurse can teach them to know when to seek further professional assistance regarding care.

Registered nurses have a professional obligation to report any situation of unsafe or unethical care by a caregiver to the appropriate authority, regardless of whether the registered nurse is directly involved in providing or monitoring the care. The report may be made to the agency employing the unregulated care provider or to the client, if the client is the employer. Clients may need assistance from registered nurses in understanding the risks in the care being provided and the options available to improve the care. Registered nurses who have concerns regarding the kind of care provided to adults should be aware of the provisions in Part 2 of the Adult Guardianship Act, which relate to abuse, neglect and self-neglect. Issues of abuse and neglect affecting children and young people are dealt with under the Child, Family and Community Services Act.

Glossary

Ability to Direct: Able to specifically understand the nature and effect of the task; have the knowledge, skills, attitude and decision-making ability to consistently direct someone how to perform the task appropriately.

Accountable: The obligation to answer for the professional, ethical and legal responsibilities of one's activities and duties.

Assignment: Allocation of clients or client care activities among care providers in order to meet client care needs. Assignment occurs when the required care falls within the employing agency's policies and role descriptions and within the regulated health care provider's scope of practice. Assignment to unregulated care providers occurs when the required care falls within the employing agency's policies and role description.

Competence: The integration and application of knowledge, skills, attitudes and judgment required to perform safely, ethically and appropriately within an individual's nursing practice or in a designated role or setting.

Delegation: Sharing authority with other health care providers to provide a particular aspect of care. Delegation among regulated care providers occurs when an activity is within the scope of one profession and outside the scope of the other profession (includes both the right to order a restricted activity and carrying out the restricted activity). Delegation to unregulated care providers occurs when the required task is outside the role description and training of the unregulated care provider.

Direct: To be immediately present to guide or direct.

Function: A client care intervention. Performing a function includes assessing when to perform the function, planning and implementing the care and evaluating and managing the outcomes of care.

Indirect: To supervise from a distance, not immediately present to guide or direct, but could be available within a specified time frame. The registered nurse supervises activities by having the unregulated care provider report regularly to the registered nurse and by periodically observing the unregulated care provider's activities.

Role description: A detailed statement of the work done by regulated health care providers in a particular position in an organization, which outlines the competencies required for that position.

Stable Client: One for whom there is no anticipated variation in care needs on a day-to-day basis; and who is managed by treatment that has predictable outcomes (NANB, 1992).

Supervision: The provision of guidance or direction, support, evaluation and follow-up by the registered nurse for the purpose of achieving appropriate outcomes for the care which was delegated (adapted from AARN, 1997).

Support : Access to professional assistance in a timely manner. The registered nurse determines the support required in the process of delegation.

Task: Part of a client care function. The task has clearly defined limits.

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Resources for Nurses

CRNBC

Helen Randal Library

CRNBC's Helen Randal Library is available to registrants to assist with any additional information needs. Current journal articles about aspects of assigning and delegating can be requested. E-mail reflib@crnbc.ca or telephone 604.736.7331 or 1.800.565.6505 (ext. 119).

Practice Support

CRNBC provides confidential nursing practice consultation for registrants. Registrants can contact a nursing practice consultant or nursing practice advisor to discuss their concerns related to nurse-client relationships. Telephone 604.736.7331 or 1.800.565.6505 (ext. 332).

Website - www.crnbc.ca

CRNBC's website has a wide range of information for your nursing practice, including:

Delegating Tasks to Unregulated Care Providers (Practice Standard - pub. 429)

Professional Standards for Registered Nurses and Nurse Practitioners (pub. 128)

Other Resources

Canadian Nurses Association. (2008). *Code of ethics for registered nurses*. Ottawa: Author. Available online: www.cna-aiic.ca