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Introduction

In today's health care environment, health care professionals collaborate with one another and practice in a manner that maximizes their scope of practice. Assignment and delegation play an important role for nurses in enabling all team member to practice to their optimal scope of practice. These guidelines outline the differences between assignment and delegation as well as the accountabilities and considerations for nurses prior to assigning or delegating care to unregulated care providers (UCPs).

Unregulated Care Providers

The practice of UCPs is not set out in or regulated by legislation. UCPs are accountable for their actions (which includes inactions) to their employer through a scope of employment¹, rather than a regulatory body. Individual UCPs are always accountable for their actions (which includes inaction) and the decisions they make within their scope of employment.

Most often, UCP practice focuses on assisting clients with their activities of daily living (ADL)² and instrumental activities of daily living (IADL)³. Examples of UCPs in Nova Scotia include continuing care assistants (CCAs), home support workers (HSW) and personal care workers (PCWs).

CONTINUING CARE ASSISTANTS

CCAs are the most prevalent type of UCPs in Nova Scotia. Though not regulated, CCAs have a defined scope of practice, which employers use to develop role descriptions or a scope of employment. There are a number of interventions shared between nurses and CCAs; however, the scope of practices are different and nursing is much broader. Nursing is the practice of identifying and managing the client's responses to illness, variations in health or wellness, and responses to the interventions put in place to restore a client to optimal health. In addition, the practice of nursing includes health and wellness promotion and illness prevention. The practice of CCAs is concentrated on assisting clients with their ADLs and IADLs for the purpose of promoting holistic health and independence. [Click here read the *Scope of Practice of the Continuing Care Assistant \(CCA\) in Nova Scotia*.](#)

Supervision

Supervision is an essential component of assignment and delegation processes. It is the active process of directing, assigning, delegating, guiding and monitoring an individual's performance of an activity to influence its outcome. It entails initial direction, periodic inspection and corrective action when needed. It can apply to one nurse supervising another nurse unfamiliar with a new procedure or a nurse supervising a student or a UCP.

Nurses are responsible for providing ongoing supervision to the UCP. Nurses determine the level and frequency of supervision required through an analysis of factors such as:

- client needs;
- experience and knowledge of the individual UCP;
- complexity of the task/ADL/IADL;
- predictability of the overall outcomes; and,
- availability of resources to support the UCP or the client.

The type of supervision may change over time as individual UCPs grow in their competence and proficiency. Supervision can be direct, indirect or indirect remote (See table 1). The type of supervision required may be dictated by agency policy or determined through collaborative discussion between the nurse and UCP.

1 Scope of employment is the duties, roles and functions of the UCP in the employment setting as determined by the employer.
2 The basic self-care tasks an individual does on a day-to-day basis such as personal care.
3 Daily tasks associated with maintaining independent living such as housekeeping or meal preparation.

Table 1**TYPES OF NURSING SUPERVISION**

Direct	Indirect	Remote
The nurse is observing and providing guidance to the UCP as they perform an intervention.	The nurse is not observing the UCP as they perform the intervention but the nurse is readily available for consultation or to provide guidance.	The nurse is not physically present in the care area but is available through various means (e.g., by phone) for consultation or to provide guidance.

Assignment vs Delegation

The terms assignment and delegation are often used interchangeably; however, they have different meanings and implications for nursing accountability. Assignment or delegation to other care providers cannot conflict with any requirements defined in legislation, regulations, regulatory policies and/or standards of nursing practice.

Assignment

Assignment is the allocation of duties (e.g., responsibility for client care, interventions, or specific tasks as part of client care) to individuals whose scope of practice or scope of employment authorizes the performance of these duties. The individual accepting the assignment is accountable for the outcomes of their actions and may perform the interventions independently because they fall within their scope of practice or employment. Table 2 outlines the accountabilities associated with assignment.

Table 2**ACCOUNTABILITIES ASSOCIATED WITH ASSIGNMENT**

Employer
<ul style="list-style-type: none"> • Implement clear job or role descriptions outlining the interventions or tasks within the UCP scope of employment. • Facilitate, coordinate or provide opportunities for required job or role specific training or education. • Establish processes to assess the baseline, initial and continued competence of UCPs. • Provide scope of practice education for all staff so they remain clear on their unique roles. • Establish a process to help nurses mentor, support and supervise UCPs. • Develop staffing models promoting the delivery of safe and competent nursing services. • Develop a plan to monitor and evaluate the nursing care delivery systems or models.
Nurse
<ul style="list-style-type: none"> • Ongoing assessment of the appropriateness of the assignment. • Adjust assignments or assigned interventions as required. • Provide ongoing mentorship to and supervision of the UCP (see below). • Develop or participate in the development of the initial nursing care plan.
UCP
<ul style="list-style-type: none"> • Implement assigned care safely and competently within their scope of employment. • Understand relevant agency policies and job or role descriptions. • Perform assigned tasks competently and according to agency policy. • Refrain from performing interventions that are beyond their knowledge, skills and judgment or not within agency policy. • Ask questions and seek clarity and assistance, as required. • Maintain ongoing and open communication with staff. • Report to appropriate assigning nurse when unable to complete an assignment or when the client's response to an intervention is unexpected or unusual. • Engage in required education or training relevant to their role. • Document according to agency policy.

Delegation

Delegation is an active process whereby the responsibility for the performance of an intervention is transferred to an

individual (delegatee) whose scope of practice or employment does not authorize the performance of that intervention.

Education of the delegatee is always required for delegation because the intervention is not within their scope of practice or employment.

The nurse is accountable for identifying the need to delegate, the decision to delegate (or not to delegate) and the evaluation of the outcome of the delegated task. Nurses are accountable to verify the competence of the UCP accepting the delegation. The UCP is accountable to maintain their individual competence so they may safely perform the intervention.

CLIENT SPECIFIC

Usually, delegation applies to a specific intervention for a specific client in a specific context. This is because the decision to delegate an intervention is based on the overall needs of an individual client at a given point in time. No two clients are identical, so each one is to be assessed to determine the appropriateness of the delegation of a specific intervention.

One of the underlying principles of delegation is that an individual UCP's authority to perform a delegated intervention with one client does not automatically transfer to other clients.

ELIGIBILITY CRITERIA FOR DELEGATION

The following criteria can help determine if an intervention is appropriate for delegation. The intervention:

- falls within the nursing scope of practice;
- occurs frequently in daily care for a specific client;
- is part of a well-established plan of care for a specific client;
- there is a standard process based on evidence for the delegation;
- has a readily predictable outcome;
- does not require ongoing assessment, interpretation or decision-making;
- aligns with the client's plan of care; and,
- is at low risk of endangering the client.

It is important to note that the criteria does not address the education, policy or determination of baseline UCP competence of an intervention once it has been decided it is appropriate for delegation. See Table 2.

EVALUATING OUTCOMES OF A DELEGATED INTERVENTION

Nurses always retain the accountability for evaluating and managing the outcome of the delegated intervention. There is no exception to this rule. Evaluating the outcome is more than just checking to see if the UCP completed the intervention as required. It requires the nurse to assess the client's response to the intervention to determine if the desired outcomes are being achieved and (if necessary) altering the client's plan of care accordingly.

Verifying UCP Competence

Verifying the competence of a UCP to perform a delegated or assigned intervention is a collaborative effort. Begin by asking the UCP to self-assess their competence and proficiency in performing the intervention. Ask enough relevant questions to ensure you are confident that the UCP has the necessary knowledge, skill and judgment to perform the intervention safely.

The UCP's self-assessment is critical in this analysis. If a UCP reports that they lack the required competence, take this as fact and assign or delegate to another care provider.

Nurses should evaluate the following:

1. the right client was selected for delegation;
2. the task was delegated to the right care provider;
3. the right information exchange occurred;
4. the right monitoring process was in place, and
5. the right outcome occurred.

DECIDING NOT TO DELEGATE

Nurses are always accountable for the decision to delegate or not to delegate. Changes in client status or resources available to a UCP might increase the overall complexity of the practice setting and the client. In these cases, nurses should refrain from delegating because of the increased risk of an unintended or unexpected outcome.

The LPN should engage the RN to determine collaboratively the next best action in situations where there are changes in the client's status and a decision to delegate or not to delegate is required.

SOME THINGS CANNOT BE DELEGATED

While the performance of interventions may be delegated under the right conditions, the interpretation or analysis of the client data or response to the intervention can never be delegated. This decision-making process always is the accountability of the nurse. Additionally, the depth, breadth, and complexity of the data, client or responses further defines the designation of nurse most appropriately suited to make the decision.

Nurses do not delegate to other nurses. RNs and LPNs study from the same body of nursing knowledge. RNs generally study for a longer period. As such, they have a more in-depth, comprehensive nursing knowledge base and a broader scope of practice with more professional autonomy than the LPN.

The differences in the practice and decision-making capacity of the RN and LPN result from the differences in the comprehensiveness of professional knowledge bases and this cannot be delegated. For example, RNs are accountable for the development and coordination of the initial nursing plan of care (with or without LPN participation), whereas LPNs are accountable to use the nursing care plan developed by (or with) the RN to guide the ongoing care of the client and engage the RN when there are changes.

Nurses do not delegate to clients, family members or other providers (e.g., teacher, teaching assistant, camp counsellor) involved in the care of the client. They can however teach clients and others about the care or interventions the client requires.

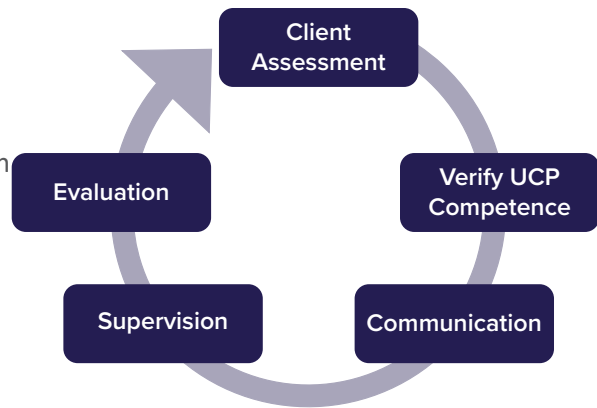
Table 3

ACCOUNTABILITIES IN THE DELEGATION PROCESS

Employer
<ul style="list-style-type: none">• Analyze the need for delegation and note how doing so will positively affect clients.• Implement policies and job or role descriptions which:<ul style="list-style-type: none">• authorize the UCP to perform delegated interventions.• outline the conditions and contexts of delegation, such as:<ul style="list-style-type: none">• the types or nature of interventions which can be delegated;• the necessary education required of the UCP;• the process to determine the UCP's baseline and continued competence; and,• authorized delegators.• Facilitate, coordinate or provide required education for UCPs and nurses.• Provide scope of practice education for all staff so they remain clear on their unique roles in the delegation process.• Establish a process to help nurses verify UCPs' continued competence.• Develop staffing models which promote the delivery of safe and competent nursing services.• Develop a plan to monitor and evaluate the nursing care delivery systems.
Nurse
<ul style="list-style-type: none">• Develop or participate in the development of the initial nursing care plan.• Coordinate and facilitate the delivery of nursing services.• Evaluate the outcome of the delegated interventions.• Take appropriate action relative to the evaluation.• Consider all options (including withholding delegation) and outcomes when making delegation decisions.• Be aware of organizational policies and procedures that support delegation of the intervention and the UCP's job description.• Ensure own competence to perform the intervention.• Verify the competence of the UCP being delegated the intervention (see section on Verifying Competence above)• Provide sufficient supervision.• Provide feedback as necessary.
UCP
<ul style="list-style-type: none">• Implement delegated care/intervention safely and competently within their scope of employment.• Understand relevant agency policies and job or role descriptions.• Understand the basic principles of delegation and that authorization to accept and perform a delegated intervention is often client specific and does not transfer client to client.• Perform delegated tasks competently and according to agency policy.• Refrain from performing interventions that are beyond their knowledge, skills and judgment or not within agency policy.• Ask questions and seek clarity, assistance or additional training, as required.• Maintain ongoing and open communication with staff especially when unable to complete an intervention or when the client's response to an intervention is unexpected or unusual.• Engage in required education or training relevant to their role.• Document according to agency policy.

The Delegation Process

The effectiveness of the delegation process is dependent on the client assessment, communication, supervision and evaluation. The nurse⁴ and the UCP have roles in the delegation process; however, nurses always retain the accountability for the decision to delegate and for the evaluation of the outcome of the delegation.



Element of Delegation	UCP Role	Nurse Role	Outcome
Client Assessment	Collect relevant client data.	Interpret client data to analyze complexity of client’s needs and risks associated with delegation.	Determine the appropriateness of the proposed delegation. (Right Client)
Verify UCP Competence	<ul style="list-style-type: none"> Self-assess competence and proficiency to perform intervention. Share with nurse. 	Ask enough relevant questions to determine if they have capacity to perform the intervention competently.	Ensure the UCP has the necessary knowledge, skill and judgement to perform the intervention safely. (Right Care Provider)
Communication	Ask questions, seek clarity, request support or additional training and demonstrate understanding of the instructions.	Provide sufficient and relevant information, instructions or guidance, facilitate opportunity for questions and evaluate the UCP’s understanding of instructions and performance expectations.	Enhance the effectiveness of delegation and maximize client outcomes. (Right Information Exchange)
Supervision	<ul style="list-style-type: none"> Ask questions and seek clarity. Request support or additional supervision if needed. 	<ul style="list-style-type: none"> Determine and provide the appropriate frequency and level of supervision Intervene if necessary. 	Ensure safe and competent performance of the intervention. (Right Monitoring Processes)
Evaluation	Report to the nurse observations regarding the client’s response or tolerance of the intervention.	<ul style="list-style-type: none"> Assess the effectiveness of the intervention and the delegation process. Alter the plan of care accordingly. Provide feedback to the UCP as needed. 	Determine if the desired outcomes are achieved. (Right Outcome)

Conclusion

Assignment and delegation are two processes contributing to optimized scope of health care team members and positive client outcomes. This practice guideline and consultation with the Colleges’ Practice Consultants, can help nurses continue to meet their standards of practice and provide safe, competent, ethical and compassionate nursing services.

If you have additional questions about this document, please contact a NSCN Practice Consultant at practice@nscn.ca.

4 The designation of the most appropriate nurse to delegate is determined collaboratively between the RN and LPN.