

DECISION TREE FOR DELEGATION TO UAP

Step 1 of 4: Assessment and Implementation



IMPORTANT COMPONENTS FOR DELEGATION TO UAP

Prior to proceeding to Step 2, consider the following:

Delegation is a process of decision-making, critical thinking and nursing judgment. Decisions to delegate nursing tasks/activities to UAP are based on the RN's assessment of the client's nursing care needs. The LPN may delegate nursing tasks/activities to UAP under the supervision of the RN. Additional criteria that must be considered when determining appropriate delegation of tasks include, but are not limited to:

(A) Variables:	(B) Use of critical thinking and professional judgment for The Five Rights of	
 Knowledge and skill of UAP 	Delegation:	
 Verification of clinical competence of UAP 	1. Right Task – the task must meet all of the delegation criteria	
 Stability of the client's condition which involves predictability, absence of risk of complication, and rate of change 	 Right Circumstance – delegation must be appropriate to the client population and practice setting 	
 Variables specific for each practice setting: The complexity and frequency of nursing care needed by a given client population The proximity of clients to staff The number and qualifications of staff The accessible resources Established policies, procedures, practices, and channels of communication which lend support to the types of nursing activities being delegated, or not delegated, to UAP 	 Right Person – the nurse must be competent to perform the activity and to make delegation decisions, the nurse must ensure the right task is being delegated to the right person (UAP) and competence has been validated by an RN, and the delegation is for the individualized needs of the client Right Communication – the nurse must provide clear, concise instructions for performing the task Right Supervision – the nurse must provide appropriate supervision/monitoring, evaluation, and feedback of UAP performance of the task 	

<u>Step 2 of 4: Communication</u> - Communication must be a two-way process

The nurse:	The UAP:	Documentation by nurse and UAP
 Assesses the UAP's understanding of: 	 Asks questions and seeks clarification 	(as determined by facility/agency
 Task to be performed and expectations of performance of tasks 	 Informs the nurse if UAP has never performed the 	policy) is:
 Information to report including client specific observations, expected 	task or has performed it infrequently	Timely, complete and accurate
outcomes and concerns	 Requests additional training or guidance as needed 	documentation of provided care:
 When and how to report/record information 	 Affirms understanding and acceptance of delegation 	 Facilitates communication with
 Communicates individualized needs of client population, practice setting, 	 Complies with communication method between 	other members of the health care
and unique client requirements	nurse and UAP	team
 Communicates and provides guidance, coaching, and support for UAP 	 Reports care results to nurse in a timely manner 	 Records the nursing care provided.
 Allows UAP opportunity for questions and clarification 	 Complies with emergency action plans 	
 Assures accountability by verifying UAP accepts delegation 		
 Develops and communicates plan of action in emergency situations 		
 Determines communication method between nurse and UAP 		

<u>Step 3 of 4: Supervision and Monitoring</u> – The RN supervises the delegation by monitoring the performance of the task and assures compliance with standards of practice, policies and procedures. The LPN supervision is limited to on-the-job assurance that tasks have been performed as delegated and according to standards of practice established in agency policies and procedures. Frequency, level, and nature of monitoring vary with the needs of the client and experience of the UAP.

(C) The nurse takes into consideration the:	(D) The nurse determines:	(E) The nurse:
 Client's health stability, status, and acuity 	 The amount/degree of supervision required 	 Maintains accountability for nursing tasks/activities
 Predictability of client response to interventions and 	 Type of supervision: direct or indirect 	delegated and performed by UAP
risks posed	 The Five Rights of Delegation have been 	 Monitors outcomes of delegated nursing care tasks
 Practice setting and client population 	implemented:	 Intervenes and follows-up on problems, incidents, and
 Available resources 	1. Right Task	concerns within an appropriate timeframe
 Complexity & frequency of nursing care needed 	2. Right Circumstances	 Nursing management and administration responsibilities
 Proximity of clients to staff 	3. Right Person	are beyond LPN scope of practice. To assure client safety,
 Number and qualification of staff 	4. Right Directions and Communications	the LPN may need authority to alter delegation or
 Policies, procedures, & channels of communication 	5. Right Supervision and Evaluation	temporarily suspend UAP per agency policy until
established		appropriate personnel action can be determined by the
		supervising RN.
		 Observes client response to nursing care and UAP's
		performance of care
		 Recognizes subtle signs and symptoms with appropriate
		intervention when client's condition changes
		 Recognizes UAP's difficulties in completing delegation
		activities

Step 4 of 4: Evaluation and Feedback – Evaluate effectiveness of delegation and provide appropriate feedback

- Evaluate the nursing care outcomes:
 - o (RN) Evaluate the effectiveness of the nursing plan of care and modify as needed
 - (LPN) Recognize the effectiveness of nursing interventions and propose modifications to plan of care for review by the RN
- Evaluate the effectiveness of delegation:
 - Task performed correctly?
 - Expected outcomes achieved?
 - Communication was timely and effective?
 - o Identify challenges and what went well
 - o Identify problems and concerns that occurred and how they were addressed
- Provide feedback to UAP regarding performance of tasks/activities and acknowledge the UAP for accomplishing the task

References:

G.S. 90-171.20 (7)(d) & (i) and (8) (d) <u>Nursing Practice Act</u>	American Nurses Association Decision Tree for Delegation by Registered Nurses, 2012
21 NCAC 36.0221 (b) Licensed Required	Joint Statement on Delegation ANA and NCSBN Decision Tree for Delegation to Nursing
21 NCAC 36.0224 (a) (b) (c) (d) (e) (f) (i) & (j) Components of Nursing Practice for the Registered Nurse	Assistive Personnel, 2019
21 NCAC 36.0225 (b) (c) (d) (e) (f) Components of Nursing Practice for the Licensed Practical Nurse	National Council of State Boards of Nursing Decision Tree – Delegation to Nursing Assistive
21 NCAC 36.0401 (c) Roles of Unlicensed Personnel	Personnel, 2005