Mrs. Campbell: I became a statistic today, a mortality statistic. No, it wasn't a car accident or a stroke. It happened right here in the hospital. Inexperience killed me and it wasn't the wrong medication or a botch procedure. I was the victim of faulty delegation. The mistake had nothing to do with poor technique, but it was lethal nonetheless.

Man: Delegation, done effectively is one of the most powerful tools a nurse can use. But faulty delegation can spell disaster for the nurse, the client and the employer. Welcome to our program, “Delegating Effectively: Working Through and With Assisted Personnel.” This is the third in our series on professional challenges and it explores the vital role of delegation in today’s healthcare environment. In this video, we’ll follow the story of Mrs. Campbell.

As her story unfolds, you’ll get a firsthand look at how critical the skill of delegation can be. Throughout the story, a red flag will appear on the screen when an important step in the delegation process has been breached. Then Vikki Sheets, a Nurse Attorney and Director of Practice and Regulation for the National Council of State Boards of Nursing will comment on where the problem occurred and why.

Delegation is a doubled edged sword, while you can accomplish much more working through others than you can do alone.

There’s some inherent risks and liabilities whenever you delegate. Preparation is the best prevention and yet many nurses today do not feel adequately prepared to delegate.

Marilyn McCord: My assessment of new graduate’s ability to use delegation is that it’s poor. It’s not a strong component of nursing education and it’s sometimes it’s a difficult tool for them to be able to do especially in the initial, probably first six months. The problem is the disconnect between the theory and the actual practice. The ability to use the theory in their clinical rotations as they spend time as a student before they actually become the graduate nurse or nurse.
Delegation is the process of transferring to a competent individual the authority to perform specific nursing tasks in a specific situation. These assisted personal are usually unlicensed staff members. In most states they are listed on a registry, in some states they are certified and in only a few states they’re licensed. These helpers may be referred to as nursing assistants, nursing aids or patient care technicians. But regardless of the title, they’re not nurses and are not authorized to practice nursing. Their authority to perform nursing tasks comes from the licensed nurse through the process of delegation.

Delegation is built on mutual trust and respect. Each party is dependent on the other. The nurse depends on the assistant’s skills in performing the assigned task. And the assistant depends on the nurse’s availability and guidance. It’s a symbiotic relationship.

Phyllis Oliver: We can’t do our job without them and they can’t do their job without us. We are their eyes, ears for the patient.

Vicki Sheets: Nurses don’t own delegation, it is a universal process used in the business world. But because of the critical nature of nursing practice, delegation and nursing is addressed in most nurse practice acts. Delegation and nursing is a legal as well as a managerial act.

Man: Delegation is a skill and like any skill in order to become proficient you have to practice. It may come easier to some and others may struggle with it. Unfortunately many nurses are thrust into the role of delegator without adequate preparation and experience.

Anna Gray: As a nursing student, you actually do everything yourself. You’re taught to get one or two patients, not only do you give the medications but you do the complete care of that patient. So you don’t really have to do delegate to your ancillary staff.

Karen: I hadn’t been in charge that many times but it wasn’t that difficult. I mean, you just make up the assignments based on the patients you have with the staff that’s available. That shift, we were short staff, just myself and LPN and two nursing assistants, Ruth and [Makala]. Since we were so short staffed, I gave the hardest patients to myself and to the LPN Jenny.

Vikki Sheets: This is the first sign of a potential breakdown in the delegation process. Delegation is more than handing out assignments, the delegating nurse must understand the importance of the process. And
allow enough time to complete all the steps. Skipping steps or skimping on them is a recipe for disaster.

Man: Delegation is not abdication; nurses are responsible to provide nursing care designed to meet their client’s needs. Sometimes they delegate and sometimes they choose to perform the care themselves. Regardless of who delivers the care, the licensed nurse remains accountable for completing the work and for achieving the desired client outcomes. Being accountable means being answerable for the actions or omissions of self or others within the context of delegation. Assisted personal are accountable for the decision to accept the delegated task and for their performance of that task.

They are accountable to themselves, the delegating nurse and their employer. Nurses have multiple levels of accountability, there’s accountability for the delegation decision itself as well as the task that was delegated and for the outcomes of that task. In addition, nurses are accountable to themselves, the clients entrusted to their care, the employer, the licensing board and the nursing profession as a whole for their actions taken or omitted as a nursing professional.

In some states, delegation refers to only unlicensed personal. Licensed individuals practice within the legal scope of practice for which they are accountable. When a nurse delegates to an unlicensed person, there is the expectation of additional scrutiny to verify that there is a match between the client’s needs and the ability of the assistant to meet those needs.

Mrs. Campbell: The nursing assistants were always so helpful, especially Ruth. And they were generally very capable of meeting my needs. But tonight would be different.

Karen: I can’t believe that Linda called in sick again. I know that stomach flu is going around but without her we’re going to be very short staffed.

Woman: I know what you mean, the last three days I’ve been pulled to five west. I hope I don’t get pulled again tonight.

Karen: Well I don’t see how that could possibly happen. We barely have enough people here to cover our own patients. I’m going to have to be in charge and take patients. Here’s your assignment. Ruth here’s your task list. Mrs. Campbell is still very weak but she’s getting stronger every day. Since she’s so sedentary, the doctor...

Woman: Karen, I need to talk to you right away. And Wanda is waiting for you to do a narcotics count. She’s got to get home, her kids are sick.
Karen: Okay. Ruth, look this over and see if you have any questions. If you do we can discuss them after I get back from counting narcotics.

Mrs. Campbell: What Karen was going to say just as she was interrupted, was that the doctor had started me on a blood thinner. So I wouldn't get blood clots in my leg, but she never finished her sentence. And then she simply got too busy.

Man: Delegation is not task assignment, it’s much more. Delegation is a problem solving process just like the nursing process and just like the nursing process; it can break down at any point.

Vikki Sheets: It usually isn’t just one mistake that causes the problem in delegation. Generally a mistake in one of the steps initiates a downward spiral. Sort of like the domino effect. The good new however is that the spiral can be halted with early identification. Better yet, it can be prevented by following the steps in the delegation process.

Man: The nursing process involves assessment, planning, implementation and evaluation. The delegation process involves assessment, delegation, monitoring and evaluation. Assessment is the first step; it provides the foundation for effective implementation. Without this step, there can be no delegation. Assessment is driven by the five rights, the right task, the right circumstance, the right person, the right direction and communication and the right supervision.

Let’s look at each of these components individually. Can the task be delegated safely? Certain functions cannot be delegated, these include client assessment, evaluation, client family education, nursing care, planning and nursing judgment. Judgment is the intellectual process that the nurse exercises in forming an opinion and reaching a clinical decision based upon analysis of the evidence or data. For example, an assistant may act as the nurse’s eyes and ears and collect observational data from the client.

Such as vital signs, however it is the nurse who determines whether the client has a fever, what intervention if any is required and if the physician should be notified. The part of the nursing process that is delegated most frequently is intervention. For example when a client has a fever, the assistant may be assigned the task of giving the client a sponge bath and encouraging the client to drink a certain amount of fluids during the shift.

What is the client’s condition and how frequently is it changing?
Mrs. Campbell: You know I really wasn't that sick, I had been admitted because my doctor had adjusted my thyroid medication. And I was having a problem with fatigue and weakness. I was stable, but still a little wobbly on my feet.

Man: Along with the client's condition, the nurse needs to assess whether the required resources are available to provide the needed care. Andrew Carnegie once said, "The secret of success is not in doing your own work, but in recognizing the right man to do it." Is an assistant the right level of personal to perform the task? Frequently the answer to this question depends on the complexity of the process and the technology involved in the task.

Many times in making assignments, the nurse takes a share the wealth approach. Assigning clients so that there is equity in the workload rather than focusing on priorities of care and the client outcomes.

Woman: I can't believe you assigned me Mr. Ringwold, Mrs. Jones and Mr. Lawson in additional to all the other patients you gave me. Mr. Ringwold is incognizant, he's got diarrhea from a tube feeding. I'll never get out of that room. I have the toughest patient load; I think Ruth should handle Mr. Ringwold especially since I have so many treatments to do.

Karen: I see the assignments. Okay, Ruth can help you with Mr. Ringwold but you're going to have to help me supervise her. I've got my own patient load and I'm in charge. You know how you have that little voice in your head that tells you when you shouldn't do something? Well I didn't feel right about the decision but I didn't know what to do. I didn't want to make any enemies, not tonight. I couldn't afford a conflict; I needed all the help I could get.

Vikki Sheets: Allowing another team to have undue influence in your decision making undermines the delegation process. Decisions should be based on the client needs, not a staff member's dissatisfaction with an assignment. A nurse should pay attention to his or her [decise]. If you're uncomfortable with the decision or situation, it should be reassessed.

Man: Can a nurse provide the assistant with appropriate direction and communication? Effective delegation requires clear, concise, correct and complete communication. Communicate directly the expectations regarding the task. Who will do what by when? And how, where and why it will be done. The nurse provides directions which may include priority of activity, expected timelines, guidelines for consulting with
the nurse activity, reportable conditions and guidelines for reporting the completion of the task and its outcomes.

The nurse also clarifies his/her role as a delegator and supervisor of the task.

Veronica T. Bliey: What would facilitate better communication between the nurse and the nurse’s assistant? We have here at [Sinai] the morning report and the nursing techs are included. Some places I’ve worked, they’re not included and that’s really very hard. That causes a segregation of techs and nurses. But when you come together in the morning, if you have any kind of difficulty I believe that that’s where you can, you know, you can voice. You know, whatever problem you may be having with a patient or with a situation.

Man: The importance of clearly articulating expectations both for performance of the task and the expected client outcomes cannot be over empathized. The next step in the delegation process is the actual delegation itself. This involves informing the assistant about the task to be delegated. Reaching mutual agreement about the task to be performed and transferring the authority to perform the task. Once you’ve determined that the task is appropriate for the assistive level, you must delegate the task to an individual who is capable of performing it safely. The effective delegator assigns tasks consistent with the individual’s scope of practice.

Vikki Sheets: Scope of practice is defined by the nurse practice act in each state. Standards of nursing practice, such as those written by the American Nurses Association and other specialty nursing organizations as well as the policies and job descriptions of the employing institution also help to guide delegation decisions. The underlining premise of safe delegation is insuring the competency of the assistant. Even if the task is written within the scope of the person’s job description, the individual may not be competent to perform the task safely and accurately.

Man: Many organizations require a competency checklist that assures that the individual’s competency in specific areas has been validated. When in doubt, refer to the individuals’ competency checklist before delegating a task. You are only as strong as your assistant’s weakest skill. When working with assistive personal, it’s important to remember their role: assistant. That means that they can contribute to the care provided, but the nurse can’t just hand off a client to them. Thought needs to go into what parts of the client’s care are appropriate for the assistant to perform and what must be reserved for the nurse.
All registered nurses can delegate, however whether or not LPN or LVNs can delegate varies from state to state. [Assistive] personnel cannot delegate.

Ruth: Dana I'm swamped, I've already cleaned Mr. Ringwold up twice and here we go again. It looks like I'm going to be in this room all evening. I haven't even had a chance to check on Mrs. C. Could you do it for me?

Dana: Sure thing. How are you doing Mrs. C?

Mrs. Campbell: Oh I'm fine dear, but can you help me to the bathroom?

Dana: Just a minute, let me go get your nurse.

Mrs. Campbell: I can't wait, please just give me a hand, I can't make it on my own.

Dana: Mrs. C I'm only a volunteer, I'm not really supposed to do that. Let me go get your nurse, just wait a minute. Ruth, Mrs. C has to go to the bathroom, can you help her?

Ruth: I'm in the middle of a mess right now, can you take her?

Dana: I'm not supposed to.

Ruth: Please, just this once? It will be okay, just stay next to her to steady her. She'll be fine; she doesn’t need a lot of help.

Vikki Sheets: Delegation is between the nurse and the assistant. It stops there, the assistant is not authorized to re-delegate to someone else.

Mrs. Campbell: I really had to go to the bathroom. That nice little girl came to help me, but she told me not to get up without her. I waited, but she didn’t come back and to tell you the truth, my bottom was getting numb. Well I thought I could make it back to my bed on my own. And the last thing I remember, I was reaching for my walker.

Man: The next step in the delegation process is the monitoring phase. This step involves monitoring the actual performance of the task and providing guidance and redirection as needed. This is the area that can be the most troublesome in the delegation process. We delegate the task, we define expectations and we send assistants off on their merry way to complete the tasks.

We have every intention of supervising them, however we get busy, time slips by and before you know it the shift is over and we’ve yet to
touch base with them. Or we monitor the process, but do not reconfirm that the assistant is capable of taking care of the changing needs of the client. The assistant gets in over his or her head and we fail to recognize the potential harm to the client. This is skating on professional thin ice.

Ruth: Initially, I wasn’t overwhelmed, but by the time Mr. Ringwold had soiled himself for the third time, I was up to my elbows in a big mess and in more ways than one. So I asked a volunteer to check on Mrs. Campbell, I didn’t think it would be a problem. Then I heard a loud thunk and when I got to her room, she was in the bathroom on the floor.

Mrs. Campbell, are you all right? Help, anybody, help.

Jenny: What’s the problem, oh my God, what happened?

Mrs. Campbell: Well I don’t know dear, one moment I was on the john and the next thing I knew I was on the floor.

Jenny: Go get Karen, let me take a look at you. Do you know where you are?

Karen: How is she?

Jenny: She seems to be okay; she has a small bump on the side of her head. I don’t know what she hit it on; she doesn’t seem to remember what happened. Nothing else seems to be hurt.

Karen: All right, let's get her back to bed. You get her vitals and I'll call the doctor. Keep an eye on her and don’t let her get out of bed again. Ruth, take her vitals and do neuro checks every half hours for a couple of hours and keep me posted.

Vikki Sheets: When there is a change in the client’s condition. The nurse must reassess the situation to determine if the abilities of the assistant are still compatible to the client’s needs. In this situation, they weren’t. It is also critical to verify the assistant’s understanding of the directions. Karen did not validate that Ruth understood the importance of observing the client. Nor did she provide any direction regarding reportable conditions.

Man: Assignments are not written in stone. They can and should be changed based on the dynamics of the client’s condition. Continuity of care should never supersede client safety. Here’s some situations that indicate that the delegations should be reconsidered. One, the client’s conditions has changed. Two, there is evidence that the work is not
being completed as outlined. Three, the assistant fails to report back to you or four the assistant is given additional tasks to complete.

Ruth: Jenny, Mrs. Campbell is complaining of a headache.

Jenny: Did you tell Karen?

Ruth: I went looking for her but she’s all tied up with a new admission. She told me to find you.

Jenny: Well I’m just as busy as she is. All right, are her vital signs okay? What about her neuro checks?

Ruth: She seems fine, just a little tired and worn out from all the commotion. But her pupils are equal, they react to light, I think she’s just tired.

Jenny: Well I’m busy right now. Grace is giving meds on your patient. Go ask Grace to give her something for pain.

Mrs. Campbell: I couldn’t tell her I was losing ground. I was slipping away slowly but surely. My pupils were reacting but sluggishly, my pulse pressure was widening. Unfortunately, no one picked up on it. And the nursing assistant just didn’t have the knowledge base or the experience to see the subtle changes in my condition. She couldn’t put the pieces of the puzzle together to see the big picture. I was in trouble and I needed help.

Man: The final step in the delegation process is evaluation. What went right, what went wrong? Delegation decisions and client outcomes must be continuously evaluated. This included determining how the process went and whether the desired client outcomes were achieved. If not, then why not? It also includes an evaluation of the delegation decision making process and the delegator assistant relationship. Provide feedback to the individual regarding his or her performance. Review with the assistant what went right and what went wrong with both the task and the process.

Discuss how the process could have changed to improve the outcome.

Woman: What happened here?

Karen: Well Mrs. C fell about five hours ago, we found her on the floor in the bathroom. She must have tried to get up by herself. She had a small bump on the side of her head but she seemed okay. She was alert and oriented at the time.
Woman: Did you notify her doctor?

Karen: Yes I called and left a message with the service. And I didn't think it was an emergency but I called her family.

Jenny: She complained of her headache around 6:00 p.m. she had something for pain then.

Woman: Okay, let me see her chart. And when did you say she fell?

Karen: Around 4:00 p.m.

Woman: Okay. Where are her vitals? The last entry says 6:00 p.m. that's three hours ago.

Ruth: You said take them every half hour and I did. And when she got her pain meds, she wanted to rest. So I checked in on her but she seemed to be asleep. I wasn't going to wake her to take them. Then I got busy with Mr. Ringwold and I didn't get back. I just never got back.

Woman: I think we have a serious problem here. You better call her doctor, stat. Can I see your stethoscope?

Mrs. Campbell: It happened so fast, by the time I got help; the bleeding in my brain had already done too much damage. I never regained consciousness.

Man: This tragic client outcome was preventable and so were the professional outcomes. Both the RN and LPN had their licenses disciplined, the nursing assistant was terminated. The lawsuit is still pending. Desired outcomes of the delegation process include protection of client safety, achievement of desired client outcomes, reduction of health care cost, access to appropriate levels of healthcare, delineation of the spectrum of accountability for nursing care and decrease nursing liability.

We can see that in the case of Mrs. Campbell, many of these outcomes were not achieved. In fact just the opposite occurred; the delegation process was in jeopardy from the start. However there were numerous points in which the downward spiral could have been halted. Reestablishing the delegation process at any one of these points could have averted this disaster.

Vikki Sheets: The inability to delegate effectively has led to the downfall of many leaders. From presidents to charged nurses, ineffective delegation can be risky business. You wouldn't jeopardize your client and yourself by performing a clinical procedure without the necessary skills. The
same holds true for delegation. The steps of the delegation process become your professional safety net when working through others.

Man: Delegation and nursing is an art and a science. It is an art because it requires solid nursing judgment. It is a science because there are specific steps to be followed that insure positive outcomes. Applying the science while practicing the art of delegation will serve the nurse's clients, the employer, the profession and the community at large who depend upon the nurse to administer safe, effective nursing care.