

| | |
|---------------------|---|
| Title | RNs and Assistive Personnel: The 5 Rights of Delegation & Supervision |
| Authored By | Ruth Hansten PhD FACHE, MBA, BSN |
| Course No | RNA012308 |
| Contact Hour | 1 |

Purpose

The goal of this course is to help staff nurses work effectively with assistive personnel, using the principles of the 4 Ps of teamwork and the 5 Rights of Delegation.

Objectives

1. Describe the 4 Ps of teamwork.
 2. Define delegation and supervision.
 3. List the 5 rights of delegation.
-

Change of Shift at Memorial Medical Center

The shift is drawing to a close, and the assistive personnel are nowhere to be found! Nurses are attempting to complete reports for the oncoming shift, but aren't sure about particulars of patient data. Has the blood pressure been stable, and vital signs within normal limits? It's been difficult to connect with some of the assistive personnel again today. And to make things worse, one of the nursing assistants quit because she found a job where she feels more appreciated. Sound familiar?

In today's healthcare world, the best efforts and strengths of each team member are essential so that the patients can achieve their optimal clinical outcomes, and so that the work lives of all team members can be the best possible. Ongoing RN shortages mean that RNs can't possibly personally perform all the care that needs to be done for the best clinical outcomes. Nurses can scarcely afford the time to search for information, wonder whether tasks have been completed, or to continually train new assistants due to turnover. But don't despair; a few practical strategies can enhance the patients experience along with the work experience for all team members.

The 4 Ps of Teamwork:

Sociologists, psychologists, and business experts have evaluated the ingredients of successful teams and have discovered that the 4Ps (purpose, picture, part, and plan) must be present for optimal functioning (1). This mnemonic device will help us create better nursing care teams and diagnose what's missing when work is not being completed or tempers flare. For example, if members of the team seem to lack of motivation and tasks are not being completed, there may be no sense of purpose, or a vision of what is to be accomplished. Perhaps team members are unsure of their roles and the plan for the shift.

In effective teams, each member has clearly in mind the Purpose of the work to be done, the Picture or vision of what the outcome will be, the Plan or blueprint for achieving the results, and

the Part that each person will play. That means that the RN, as leader of a team, must take the time to partner with the patients to determine each person's priority outcomes for the shift, to be certain of the purpose of any tasks that are to be done, and the picture or result to be expected at the end of the shift (or episode of care). The RN will then be able to clearly articulate the plan for the shift, and what each person's part will be in sharing the accountability for the positive outcomes.

Our introductory scenario featuring an RN searching for information and assistive personnel finding themselves unsupervised and unappreciated is similar to a choir, confused about what song to sing and why (to celebrate Independence Day or Thanksgiving or for a funeral?), each person singing a different tune, discordantly, from a separate sheet of music. The RN's role as leader of the team is to choose the music (plan) based on the patient's goals in partnership with the team, coordinate the care, making sure everyone is singing in the same key by performing the roles they have been trained to do. The purpose, picture, plan, and part will be clear to all, and the coordinated care results in the best outcomes for the team as well as to the patients and families. Similarly, the joy of teamwork is evident on nursing teams when the 4Ps are clear, and patient outcomes improve.

So, some readers may be thinking, "is all this upbeat discussion about teamwork really necessary and does it make any difference to patients? We aren't singing any songs on my floor, that's for sure! Can't assistive personnel just do their jobs and let that be the end of the discussion?" Research published in 2006 notes that RNs continue to be unclear about how to delegate and supervise and were uneasy about the care being provided by assistive personnel (2). Further, nurses spend from 10 to 25% of their time looking for other staff members, often due to inadequate prior planning and direction with the care team.(3) Errors related to communication account from 60-70% of the sentinel events recorded by the Joint Commission (4) and the World Health Organization joins other patient safety groups to urge better communication among care providers who know their patients well to protect patients. (5) An important study of results related to RN delegation showed that omissions and errors were related to both RN and assistive personnel issues. Most care omissions or errors (about 61%) were due to assistants not following standard routines or completing work assigned. However, RN skills were implicated in 13.9% of the errors being due to lack of direction or communication, and 12.4% being due to lack of follow up by the RN.(6) Actually, yes, it's essential for patient safety, better clinical outcomes, and to save time, for RNs to develop expert delegation and supervision skills.

Supervision and Delegation Skills:

Yes, for optimal results, someone must be "boss." The RN, due to more knowledge and education than other nursing care team members, must lead and make decisions, based on the results the patient wants to achieve and based on the delegated orders of the physician.

Delegation has been defined by the National Council of State Boards of Nursing as "transferring to a competent individual the authority to perform a selected nursing task in a selected situation. The nurse retains accountability for the delegation."(7) Based on this definition alone, an RN must know whether the delegate is competent to perform the task, and it appears that it is the RN that chooses, in a particular situation, which tasks should be performed by those competent people.

If a nurse delegates a task, s/he must also supervise the care provider. Supervision is defined by the National Council of State Boards of Nursing (NCSBN) as "Provision of guidance or direction, evaluation, and follow up by the licensed nurse for accomplishment of a nursing task delegated to unlicensed assistive personnel."(8) Again, the definition leads us to our best performance as a leader: we must provide guidance, direction, and evaluation of the work that

was done, and follow up as needed. The American Nurses Association (ANA) and the NCSBN collaborated in 2005 to provide their constituencies with a Joint Statement on Delegation in 2006. These organizations further emphasize the RNs' responsibility and accountability for nursing practice and that the RN cannot "delegate the nursing process itself."⁽⁹⁾ It is recommended that each nurse to locate his or her home state's definition of delegation and supervision, as well as other state statute and rules, by visiting the website of the National Council (www.NCSBN.org), the state website, or telephone the board of nursing. Tools such as the Decision Tree for Delegation to Nursing Assistive Personnel and others are available at the NCSBN.org website.

The Five Rights of Delegation

Synthesizing the principles of delegation and supervision and team leadership, the 5 Rights of Delegation become a mental anchor or checklist for the nurse who is leading assistive personnel: Is this the right situation or circumstance in which to delegate? Is this the right task I can or should delegate right now? Who is the right person for the job? What is the right communication or direction I should provide? What would be the right supervision and evaluation culminating in the right feedback to be offered?

Right Circumstances:

Each state may choose to differentiate delegation and supervision rules depending on the setting, i.e. schools, home health, and inpatient care. In Washington and Oregon, for example, specific regulations apply to delegation in group homes or designated community settings, requiring a different degree of oversight by the RN, as well as clearly documented instructions for care providers.

Similarly, if a patient is critically unstable in the ICU, a nurse may choose not to delegate a nursing care task but instead ask a nursing assistant to telephone for assistance or run specimens to the lab rather than administering "hands on" care at that time. In any case, the nurse's judgment regarding the best choice for patient safety is always paramount.

Right Task:

At this point, the nurse leader's thoughts hearken back to the 4 Ps of teamwork. Without knowing the purpose and picture (reasons and results) for each specific patient, tasks cannot be delegated appropriately. Consider the usual mantra of work assigned to assistive personnel: beds, baths, and vital signs. Even though these fall within the assistant's skill level, the RN can choose NOT to delegate some of them based on the results the team, in partnership with the patient, is hoping to achieve. For example, if Mr. Jones is terminal and the vital signs should not be measured, since his family is present and does not want to be disturbed, that task will not be delegated or assigned. If Mrs. Smith's priority is to be clean, since she has not been satisfied with the hygienic care at the nursing home from which she recently transferred, a nursing assistant can be assigned to assist with that bath. But if Ms. Doe would like to be prepared for self-care at home including specific bath time exercises and special skin care instructions, assigning an RN with a physical therapy assistant for morning hygiene tasks could be the most cost-effective use of teaching and bath time.

Any task assigned must also fall first within the nurse's own scope of practice, and must be within the assistant's skill level. Competency checklists, task lists, and job descriptions are valuable guides for choosing tasks that can be delegated. Any organization whose mission is quality patient care will create those lists that become the "sheet of music" that will help employees find the right part to play.

Right Person:

Skill level and competency again leads to a discussion of choosing the Right Person. Determining competency is a shared responsibility for the RN and delegates. The RN must ask the questions necessary to determine skills, but the assistant must also be honest about his experience and ability to perform an assignment. As noted by the National Council, the delegate is "accountable for accepting the delegation, and for his or her own actions in carrying out the task." (8) RNs can determine competency of others by knowing the job descriptions of coworkers, being aware of each task present on skills checklists, and by verifying certification or licensure. When in doubt, skills demonstration can be required. For example, if an orientee nursing assistant with an obvious head cold states she is aware of how to take care of a neutropenic patient with multiple drug resistant organisms but puts her mask on backwards, there are indications that the nurse will need to instruct, demonstrate, and reassign.

Right Communication and Direction:

The conductor of an orchestra or choir just taps the music stand a few times to get everyone's attention before enchanting music flows forth, but hours of prior preparation and practice have taken place prior to the concert. The time required to make sure the plan is in place may not be as intensive for the RN's patient care team, but excellent communication and prior planning still play an integral role. As required by nursing practice statutes or rules, initial direction is needed to make certain assistive personnel understand what is to be done, when, where, with whom, and how it is to be done and reported. A clear picture of the preferred results must be painted. The RN is expected to ascertain whether or not the assistive person understands the plan and the part s/he will play.

The hospital unit in which assistive personnel give shift report to each other, followed by "independent" practice of rote task completion and rare interaction with RNs, forgoes the potential positive energies of a motivated group that is fully engaged in achieving the patients' goals.

This is the point at which the plan and part each person plays comes to fruition. The nurse leader knows the outcomes the patient wants, from shift report as well as from her assessment and focused discussion with the patient. The nurse may state, "Mr. Collin's priority today is to drop his pain and nausea rating to a 3 from the present level of 7. He says that sipping lemon-lime soda slowly helps the nausea; so we'll try that along with anti-nausea medication I will be giving him. I am trying to decrease the pain by giving a different narcotic, but he could have some respiratory depression. What I would like you to do will be to offer ice chips and check the soda every hour, and turn him every two hours, but let me know immediately if his respirations or oxygen saturations drop below the present level here on your assignment sheet. I will catch up with you about 0930 to find out how things are going. By the end of the shift he should feel less nauseous and a lot less pain."

In the conversation and instructions about Mr. Collins, the nurse also used the 4 Cs of communication: clear, concise, correct, and complete. (7) Instructions were clear, but not overwhelming with unnecessary details (concise). Instructions were correct per state practice and agency job descriptions, as well as by skill level, in allowing this nursing assistant to perform those tasks. Assistive personnel across the country report that they would like more complete instructions. It is recommended that RNs ask the delegate whether enough information was given, and keep lines of communication open for further questions that may arise.

Right Supervision and Evaluation: Feedback and follow-up complete the cycle of communication. Follow up with delegated tasks and the progress of the patient

toward goals occurs. Patient assessment, evaluating of charting, and ongoing discussion throughout the shift will help the RN evaluate whether assigned tasks have been completed. Positive feedback is helpful for everyone, the more detailed the better. How much more memorable if a nurse says "Mrs. Jones loves having you care for her! She said you are so gentle with turning her and keeping her off her operative site, she thinks you treat her like her daughter!" than "Thanks, Good job today!" This kind of feedback feels like a spontaneous standing ovation when the "choir" finishes a difficult concerto: much appreciated, rarely forgotten, and a source of renewed energy and motivation to do well with the next shift!

An essential, but often overlooked, part of the feedback process in team leadership is when the leader asks for feedback from the team. "How did this plan work? Did I give you enough information to do your work? How difficult was your assignment? What feedback can you give me so I can do a better job as leader?" If any RN doubts that this is a useful exercise, think about how much you would hope that your supervisor would ask for honest feedback! Asking conveys respect, and answering encourages personal growth and skill building.

If there is a problem with a team member's performance, several steps in giving feedback will help solve the problem and provide for accountability.

1. Ask for the teammate's input first. Find out what happened rather than assume the worst! "Sally, I did not see those vital signs recorded when I was rounding, were those assigned?"
2. Give the person credit for what they have done well. "Oh, well thank you for taking care of Mrs. Schwartz' incontinence first, that was definitely a priority."
3. Ask them for a solution to any remaining problem. "How can you make sure I know if the assigned vital signs are not going to be done by 10 AM?"
4. Agree on a future plan. "Ok, great, it sound like you will page me and let me know if you aren't able to get to those because something else happened. That works for me!"
5. Follow up and give feedback when the plan is implemented. "It worked really well today when you told me that you would have to transport those patients; I was able to get help from Miriam." (7)

The rewards for using feedback, as well as instructions that include the purpose and the picture, in leadership communication, are incredible. When challenging goals and detailed feedback occur, performance effort has been noted to improve almost 60%. (10) That much improvement in work effort would be similar to adding new staff!

Team Plan for the Shift

Combining the principles of the 4 Ps of teamwork with the 5 rights of delegation a shift would progress as listed below:

- Shift report from the previous shift includes a focus on results (outcomes, picture, and purpose), both short and long term, for each patient. (When shift report is missing this kind of information, the RN will need to spend more time at the outset, assessing patients and gathering information. The team will need to be clear that assignment changes may occur.) Often, including the oncoming assistant in shift report is an efficient use of the team's time.
- Planning time for the RN includes thinking about outcomes from the previous shift, along with determination of competency of the available personnel (Right Person, Part). This process allows the RN to make appropriate initial assignments (Right Task) to begin the shift.
- RN makes rounds and performs initial patient assessments, verifies and/or updates the

planned outcomes (purpose, picture) for this shift, introducing her or himself and team members.

- Second report (or the team's planning time) can occur before or after the RN makes rounds and updates the patient's current priorities, but the sooner in the shift, the better. At this time, the purpose and picture are a part of the initial direction step of supervision. Choice of what task to delegate to whom has been based on these results, as well as the competencies of team members. Initial direction is clear, concise, correct, and complete, inclusive of timelines and parameters for reporting. This is when the plan and the part each person plays is communicated in the most detail. (This step can occur during shift hand-off or at bedside report.)
- Checkpoints are also planned for early in the shift, before and after breaks and meal times. At these times, plans or assignments are changed based on events of the shift. Team discussion occurs.
- During the shift, the RN is making patient rounds and evaluating the results of interventions and plans. Shift report, based on outcomes, both short and long term, is being prepared.
- Near the end of the shift, the RN asks for feedback from the team members, and gives feedback to assistive personnel. It's time to celebrate results and plan for the next time the team works together!

The Next Change of Shift at Memorial Medical Center

All members of the healthcare team now know what is expected of them, and during the shift, they have altered their planned course as needed, always with the patients' planned outcomes in mind. Each person is fully aware of the positive results they have helped achieve, and they are attentive to the fact that they make a real difference in patients' lives, and the work lives of their team members. Time to celebrate, clock out, and let the next shift carry on!

Summary

4 Ps of Teamwork

- Purpose: What is my personal purpose in doing this job? What is the reason this patient seeks our help? What are his priorities for this shift?
- Picture: What is my picture of a successful shift? What does the patient see as his vision of success for this hospitalization or shift? How will we know if we are successful? What outcomes or results do we strive to achieve together?
- Plan: How will we make these outcomes occur? What is the plan for the shift?
- Part: What part does each team member play? Who will do what?

5 Rights of Delegation:

- Right Circumstances or Situation
- Right Task
- Right Person
- Right Direction and Communication
- Right Supervision and Evaluation (Feedback)

Source: (7, 9)

Shift Processes

1. Shift report from previous shift: includes a focus on results (outcomes, picture, and purpose).
2. Planning time for the RN: outcomes (picture), competency of the available personnel (Right Person, Part). Make appropriate initial assignments (Right Task).
3. RN does initial assessment to verify patient's priority outcomes (picture, purpose).
4. RN/Team communication. Purpose and picture are a part of the initial direction step of supervision (clear, concise, correct, and complete), plan and the part for each person.
5. Checkpoints: ongoing communication throughout shift.
6. RN: patient rounds and evaluating results.
7. The RN asks for and offers feedback.
8. Shift report, based on planned outcomes, is prepared.
9. Celebrate results and plan for future.

References

1. Bridges Wm. 1991. Managing Transitions: Making the Most of Change. Reading Massachusetts: Addison-Wesley..
2. Kleinman, C., Saccomano, S. 2006. Registered nurses and unlicensed assistive personnel: an uneasy alliance. The Journal of continuing education in nursing, 37, 162-170.
3. Tucker, A. and Spear S. 2006. Operational failures and interruptions in hospital nursing. Health Research and Educational Trust. Health Services Research, 41:3, part one, June 643-662.
4. Joint Commission's Sentinel Event Statistics. (2006) Causes. Retrieved July 6, 2007. http://www.jointcommission.org/NR/rdonlyres/FA465646-5F5F-4543-AC8F-E8AF6571E372/0/root_cause_se.jpg
5. World Health Organization, 2007. Nine Patient Safety Solutions. Retrieved July 12, 2007 from <http://www.who.int/mediacentre/news/releases/2007/pr22/en/index.html>
6. Standing, T, Anthony M, Hertz J. (2001) Nurses' Narratives of Outcomes After Delegation to Unlicensed Assistive Personnel. Outcomes Management for Nursing Practice, 5(1), 18-23.
7. Hansten R, Jackson M. Clinical Delegation Skills: A Handbook for Professional Practice. 3rd edition. 2004. Sudbury Massachusetts: Jones and Bartlett Publishers. A 2004. PP. 1-8, 53-83, 151-192, 235-254, 279-297, entire text. (4th Edition expected 2008)
8. National Council of State Boards of Nursing. "Delegation: Concepts and Decision-Making Process." Issues (December) 1995: pp. 1-4.
9. American Nurses Association and the National Council of State Boards of Nursing. 2006. Joint Statement on Delegation. http://www.ncsbn.org/Joint_Statement.pdf.
10. Kouzes James, Posner B. Credibility. San Francisco: Jossey-Bass.
11. Barter M. "Follow the Team Leader." Nursing Management, October 2002, 55-57. Additional Resource.

Course Exam

1. Many team troubles can be diagnosed by assessing whether team members have an understanding of the purpose of their work, a picture of the goal they are trying to accomplish, a plan of action, and the part each person plays.
 True False
2. Delegation means that the RN must select the right person for the right job in the right situation, and that the delegate takes complete ownership in letting the RN know if he or

she is competent to perform the task assigned.

True False

3. Studies have shown that nearly all errors or omissions when RNs delegate to nursing assistants has to do with the assistants not following usual procedures, and the RNs skills are rarely implicated as a source of error.

True False

4. The accountability of the delegate is to accept the delegated task (being certain about his own ability to perform it) and to carry out the task responsibly.

True False

5. Choosing the right task to delegate is based on the intended outcomes for the patient and the competency of the individuals on the team.

True False

6. Supervision includes the act of giving initial direction for completing a task, and follow up after the task has been done.

True False

7. About a quarter of errors with patient care have to do with inaccurate communication.

True False

8. The feedback process includes the components of asking for feedback from the team as well as offering feedback to team members so that each individual is respectfully heard, and plans can be made for improvement of the team process and future results achieved.

True False

9. When a person understands the goals or purpose of what he is doing, and receives detailed feedback along the way, performance effort can increase up to 60%.

True False

10. Using planned checkpoints throughout the shift allows for all personnel to keep the 4 Ps (patient, price, priority, and purpose) in mind.

True False