



FAQ

What is the difference between the assignment and the delegation of nursing care?

ASSIGNMENT

Assignment is defined as the distribution of nursing care among providers based on the scope of practice, in the case of RNs and LPNs, and the job description of UCPs. Assignment occurs at the beginning of a shift and as required throughout the workday, as patients' health condition and needs change. RNs are responsible for directing nursing care, thus they assess the patient care needs and assign the care of patients to other RNs, Licensed Practical Nurses (LPNs) or to Unregulated Care Providers (UCPs). LPNs may also assign care to other LPNs or to UCPs.

When assigning care, the following factors are considered:

- The client's condition (predictability, risk for negative outcome and complexity)
- The nursing care provider's scope of practice
- The nursing care provider's level of competence
- The provider's job description as determined by the employer

Example of assignment: The RN assigns the care of a less complex, more predictable patient who has had a knee replacement two 2 days ago, to an LPN. This is within the scope of practice for an LPN so the LPN accepting the assignment is responsible to complete the patient's care safely, ethically and competently. If the condition of the patient becomes more complex or unpredictable, the RN has the authority to change the assignment to meet the patient's needs.

DELEGATION

Delegation is the decision to transfer an intervention that is **within** the scope of practice of one health care professional (delegator) who has the authority to perform the intervention, to another health care team member (delegatee) for whom this intervention is **outside** her/his scope of practice or job description. The core nursing process cannot be delegated, only interventions can be delegated. There can be circumstances in which an RN would delegate a task to an LPN for clients whose status may be unpredictable because it is in the best interest of the client. An RN may delegate a task/procedure to an LPN if the RN believes that the risk to the client safety is greater than to not delegate. Registered nurses cannot delegate nursing activities that compromise the core of the nursing process and require specialized knowledge, judgement, and/or skill. For example, RNs can utilize data collected by other healthcare providers but they cannot delegate the comprehensive nursing assessment using that data.



The delegator is responsible and accountable for the decision to delegate and for the process of delegation, the education on how to do the task and the ongoing supervision of the provider's competence to perform the delegated task/procedure. A delegated task is always patient and time specific, meaning the delegation applies to one patient only and on only one occasion. A delegated task cannot be applied to other clients. The delegated task does not become part of the health care provider's scope of practice.

Example of Delegation: An RN or LPN in a nursing home delegates to a UCP a task (ie: SaO₂ monitoring) that is currently NOT in the job description of the UCP. The RN or LPN demonstrates to the UCP how to do the task and what, when and to whom to report the results. The UCP is responsible to perform the activities as demonstrated. The RN or LPN remains responsible for the decision to delegate and to the outcome of that decision.

Example of Delegation: In an emergency situation, the RN delegates a task/procedure to an LPN if the RN believes that the risk to the client safety is greater if not delegated.

STEPS TO DELEGATION

There are three steps to delegation: 1) determining when you should delegate; 2) following the process of delegation and 3) documentation.

1) Determining when you should delegate:

- The safety and wellbeing of clients must not be jeopardized.
- Consideration must be given to the predictability, the complexity and the risk of negative outcomes for the client.
- Delegation of activities/tasks must be client specific and in the client's best interest.
- Agency policies and protocols must be in place to support delegation.

2) Following the process of delegation:

- The decision to delegate is made collaboratively between the delegator and delegatee involved.
- Ascertain the delegatee has the knowledge and skills to carry out the delegated task.
- Ensure supervision and support are provided by the delegator so the task is performed within clearly defined limits.

3) Documenting:

- Date and time of the delegation
- Name of the delegatee to whom the task was delegated to
- Completion of task
- Evaluation of the process and outcome to the client.



Assigning and delegating are part of the role of a nursing care provider within a collaborative approach for the provision of safe and competent care. RNs and LPNs have a professional obligation to be knowledgeable about their role when assigning and delegating and to intervene if they become aware of any situation of unsafe or unethical assignment or delegation.

REFERENCES

Nurses Association of New Brunswick and Association of New Brunswick Licensed Practical Nurses (2015). *Guidelines for Intraprofessional Collaboration-Registered Nurses and Licensed Practical Nurses Working Together*. Fredericton: Author.

Nurses Association of New Brunswick (2013). *Examining Requests for Post Entry-Level Procedures*. Fredericton: Author.