

The delegation of medications to unregulated care providers

What is my responsibility with the delegation of medications to unregulated care providers (UCP)s?

The obligation to provide safe care creates challenges when a RN is asked to delegate medications to a UCP. This group of health care workers include special care aides, continuing care assistants or home health aides. They do not have regulatory practice standards or educational preparation to administer medications. However, in the appropriate circumstances, a UCP may assist a RN with the task segment of administering medications.

To understand the responsibilities for delegation and medication administration, it is essential to first reflect on the legislation that sets the RN scope of practice. Under section 2(k), [p. 3] of *The Registered Nurses Act, 1988*, RN practice is expressed as “the performance or co-ordination of health care services” which includes: observing, assessing, planning, implementing, evaluating, counselling, teaching, supervision, administration and research. This dynamic description supports the RNs leadership role with delegation and assignment. This responsibility in its entirety can never be fully delegated.

The underpinnings of delegation are also found in numerous

foundational RN competencies. For example, #75 states, the RN:

Demonstrates leadership in the coordination of health care by:

- a. assigning client care;
- b. delegating and monitoring the performance of delegated registered nursing activities by selected health care team members; and
- c. evaluating staff skill mix (SRNA, p. 16, 2013).

Delegation is the transfer of responsibility for a task when it is not part of the practice of another care provider, e.g. UCP. The complexity of a client’s health condition including their medications dictates the involvement of the RN for critical thinking, assessment, planning, intervention and evaluation. *The Practice of Nursing: RN Assignment & Delegation* (SRNA, 2004), and *Medication Administration: Guidelines for Registered Nurses* (SRNA, 2007) provides direction for appropriate practice.

The following are some considerations for assigning and delegating the task segment of medication assistance.

- Delegation must always be safe for the client and has shared responsibilities. A nurse manager is responsible for developing policy, scheduling staff, providing adequate resources etc. The RN at the point of care is responsible to assign and delegate medication assistance. In the transfer of a delegated task, the UCP accepts the responsibility for completing it as directed e.g. reminding or supporting a resident to take the medication.
- Appropriate delegation of medication assistance follows these steps:
 1. The RN makes the initial and ongoing assessment of the client, including their health history, type of medications, cognitive state, environment etc.
 2. Determining through critical thinking and clinical judgement, the RN decides that delegation is appropriate to the situation, and the expected task can be safely and competently completed by the UCP. The 5 rights of delegation are considered: right task, right circumstance, right person, right direction/communication, and right supervision/evaluation (SRNA, 2004).

3. Communication with the UCP (who has the necessary skill to perform the task) is done by discussing the care plan, providing education and giving clear direction on the clients health status, the expected response to the medication, when to contact the RN, documentation etc.
4. RN follow up with the UCP to complete evaluation and re-assess that delegation remains safe and appropriate for the client.
 - A 'blanket' delegation of tasks to a UCP is not safe for the client and should not occur. The RN retains accountability for the delegation with the expectation that patient safety is the number one priority. RNs are obligated to direct and supervise nursing care services at the point of care. The level of required supervision is determined by the client's nursing care needs and predictability of outcomes. It is not appropriate to occur when the RN believes that delegation is not in the best interest of the client.

If you have questions contact the SRNA Practice Advisement Team at 306-359-4200 or 1-800-667-9945, or by email at practiceadvice@srna.org.

References

- Government of Saskatchewan. (1988). *The Registered Nurses Act, 1988*. Regina, SK: Author.
- Saskatchewan Registered Nurses' Association. (2007). *Medication administration: Guidelines for registered nurses*. Regina, SK: Author.
- Saskatchewan Registered Nurses' Association. (2004). *Practice of nursing: RN assignment & delegation*. Regina, SK: Author.
- Saskatchewan Registered Nurses' Association. (2013) *Standards and foundation competencies for the practice of Registered Nurses*. Regina, SK: Author.

Call for Continuing Competence Program (CCP) Auditors

The SRNA is seeking two RNs and two RN(NP)s who are interested in being auditors for the continuing competence program (CCP). Auditors will review continuing competence documents and surveys submitted from a random sample of the SRNA membership. The documents will be reviewed to ensure:

- All steps of the reflective practice have been completed, and
- Logical linkages between the self-assessment, peer feedback, learning plan, and evaluation are evident.

Auditors are:

- Currently registered in good standing with the SRNA
- Attentive to detail
- Knowledgeable of the CCP
- Interested in becoming involved with the SRNA
- Not a member of another SRNA regulatory committee

Time Commitment:

- RN(NP) auditors will be required for one full day at the SRNA office in Regina.
- RN auditors will be required for two full days at the SRNA office in Regina.

How to apply:

Send a brief resume which includes an explanation of why you are interested in this role of a CCP auditor to renew@srna.org. The deadline for application is February 15th, 2014. If you have questions, please call Cheryl Hamilton, RN, at 1-800-667-9945 or (306) 359-4200 in Regina.

Continuing Competence Program

Now that members have renewed their registration for the 2014 licensure year, it is a good time to start working on your 2014 CCP requirements. In response to your requests, the CCP forms are now fillable and can be completed electronically. Please find them on the SRNA website (www.srna.org). CCP workshops will be arranged by request. Contact the SRNA office 1-800-667-9945 or in Regina (306)359-4200 for more information.

Registration Renewal 2013

Registration Renewal for 2014 ended November 30, 2013. This year we experienced some growing pains during our transition to a new database. We recognize your frustration during the online renewal, and thank you for your good humor, patience, and feedback. We are committed to improving the process for next year, so we appreciate your feedback by completing the survey at www.srna.org from January 7 to 31, 2014.

Effective 2014, the SRNA discontinued paper licence cards. Confirmation of registration and licensure is available through the Verification Service (e-register) on the member site, and also on the SRNA homepage under Find a nurse.

How to manage your profile:

One of the features of the new database is the opportunity for members to self-manage your personal information, including address, option to receive paper versus electronic Newsbulletin, and changes to your employment status. Watch the 'how to' video for more information.