

# Assignment and Delegation Guidelines

for Registered Nurses and Licensed Practical Nurses



College of Registered Nurses  
of Nova Scotia



## Assignment and Delegation Guidelines for Registered Nurses and Licensed Practical Nurses

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Members of the regulatory bodies above should contact their respective organizations with questions, or to seek practice guidance, about assignment and delegation and other nursing responsibilities discussed in this document.

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This document replaces the *Delegation Guidelines for Registered Nurses* (2004).

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## Introduction and Purpose

In today's health care environment when health care professionals are expected to collaborate with one another and perform in a manner that maximizes their scope of practice, assignment and delegation play an important role for nurses. These guidelines provide a framework for the processes involved for registered nurses (RNs) and/or licensed practical nurses (LPNs) when assigning or delegating to unregulated care providers (UCPs) or other members of the healthcare team. The document will:

- guide the decision-making process for client assignment
- guide the decision-making process for client delegation
- describe the different levels of supervision
- assist nurses in promoting communication and collaboration among healthcare team members (CNA, 2006).

Interventions that are within the scope of practice of other authorized prescribers (e.g., nurse practitioners, physicians, pharmacists) can be delegated to registered nurses. To learn more see Delegated Functions Guidelines for Registered Nurses, 2012).

## Regulated and Unregulated Care Providers

A regulated health professional is a member of a health profession group that is regulated by government legislation which defines the scope of practice for the profession. The regulatory body, through self-regulation, establishes regulatory tools to ensure its members are competent, qualified and that they follow clearly defined standards of practice and ethical principles. They also have a process for review of a member's practice in the event of a complaint.

Unregulated care providers are members of the healthcare team who are not regulated by legislation but are accountable to their employers. Unregulated care providers (UCPs) have a scope of employment usually specified in a job description. In Nova Scotia, UCPs may also be called Assistive Personnel. UCPs that provide direct care may include continuing care assistants (CCAs), youth health workers (YHW), personal care workers (PCWs), home support workers (HSWs), care team assistants (CTAs), orderlies, paramedics and others. All UCPs are accountable for their individual actions and decisions within their scope of employment.

The *Scope of Practice of the Continuing Care Assistant (CCA) in Nova Scotia* may be found at the following link: [http://www.gov.ns.ca/health/ccs/Scope\\_of\\_Practice\\_CCA.pdf](http://www.gov.ns.ca/health/ccs/Scope_of_Practice_CCA.pdf). Based on educational preparation and experience, the CCA provides assistance with *activities of daily living (ADLs)* and *instrumental activities of daily living (IADLs)* to individuals of all ages in a variety of practice settings, including long-term care agencies/facilities, home care, home support and acute care settings.

**Activities of Daily Living (ADLs):** activities that are identified when the need for the intervention, the response to the intervention, and the outcomes for performing the intervention have been established over time and, as a result, are predictable. ADLs would include those personal care activities that are well-established as a routine and may include, but are not limited to: eating, bathing, dressing, toileting, mobility, continence and communication. The same intervention may be an activity of daily living in one set of circumstances and part of a therapeutic plan of care in another. In other words, there are high-risk and low-risk ADLs, e.g., assisting with feeding a stable client versus feeding a client who requires close observation and assessment for swallowing capability or potential drug reaction.

**Instrumental Activities of Daily Living (IADLs):** activities that support independent living and may include but are not limited to: preparing meals, shopping for groceries or personal items, performing light or heavy housework and using a telephone.

## What is an 'assignment'?

An assignment is the allocation of clients or client care responsibilities or interventions that are within the provider's scope of practice and/or scope of employment. Assignment describes the distribution of work that each staff member is to accomplish (NCSBN, 2005).

## What is 'delegation'?

Delegation is transferring the responsibility to perform a function or intervention to a care provider (delegatee) who would not otherwise have the authority to perform it (i.e., the function or intervention is not within the scope of practice or scope of employment of the care provider to whom it is being delegated). Delegation does not involve transferring accountability for the outcome of the function or intervention although the delegatee is responsible to successfully perform the intervention or tasks.

## Principles of collaboration for assignment and delegation

In health care, all health professionals are expected to work collaboratively with each other and in partnership with the person receiving care. Regardless of the practice environment, nurses have distinct responsibilities and accountabilities requiring them to know the processes involved for assignment and delegation. It is especially important as assigning and delegating to UCPs is becoming an increasing part of nursing practice in Nova Scotia.

Within the discipline of nursing, the following principles of collaborative practice underpin the intra- and inter-professional collaboration between RNs, LPNs and other members of the healthcare team:

#### Focus on and Engagement of Clients

Clients are integral members of a collaborative practice health care team and when actively engaged in managing their own health become part of the decision-making team rather than passive recipients of health care.

#### Population Health

A population health approach uses the determinants of health to address client needs. Clients and health professionals work together in determining how clients can effectively promote their health and/or manage their illnesses.

#### Trust and Respect

Members of a collaborative practice health care team must have a basic understanding and respect for each other's roles and trust that all team members will consult and collaborate appropriately when clients' needs are beyond their scope of practice.

#### Effective Communications

Effective communications are an essential component of collaborative practice and central to a common philosophy of care and knowledge exchange (CRNNS, 2008).

#### Client Safety

Client safety is at the center of all nursing care decisions, including assignment and delegation.

#### Staffing

Staffing decisions should be based on optimizing the scope of practice of the health care providers and determining appropriate staffing ratios required to achieve effective and safe client outcomes.

## Assignment

Assignment describes the distribution of work that each staff member is to accomplish (NCSBN, 2005). Assignment is a dynamic process in which decisions are evaluated and adjusted as the healthcare team works together to meet the changing needs of clients. Nurses determine assignments according to:

- the client's condition (complexity, variability and acuity)
- the scope of practice of the health provider's profession
- the individual scope/competence of the individual performing the intervention
- the scope of employment/agency policy
- context of practice.

When client care or a client intervention is assigned to an RN or LPN, they may perform the assignment autonomously as they are accountable for their own decisions and actions. The individual nurse is responsible for the ongoing assessment of the appropriateness of the assignment. When client care or a client intervention is assigned to a UCP, the UCP is accountable to implement the assigned care or task safely and competently within their scope of practice/employment. The nurse is responsible for the ongoing assessment of the appropriateness of the assignment as well as for the ongoing assessment of the client's health status and plan of care.

### Types of assignment

There are two types of assignment:

1. A nurse determines the most appropriate care provider to be 'assigned' to a particular client and is accountable for that decision. When clients are 'assigned' to a particular nurse or unregulated care provider, the accountability for the client care resides with the individual assigned to the client.

#### *Example A*

An RN assigns another RN to an unstable client who has a fever and high blood pressure for her/his shift. Caring for an unstable client is within the RN scope of practice so the RN accepting the assignment is responsible to complete the client's care safely, ethically and competently.

#### *Example B*

An RN assigns an LPN to a stable and predictable client who is four days post-op knee replacement. This is within scope of practice for an LPN so the LPN accepting the assignment is responsible to complete the client's care safely, ethically and competently.

2. A nurse determines the most appropriate care provider to 'be assigned' to perform *a specific intervention for one or more client(s)*.

#### *Example A*

An LPN assigns an unregulated care provider (UCP) to take vital signs for clients in an acute setting. The UCP is responsible to accurately measure the vital signs and report the findings but the LPN is responsible to ask for the vital signs and to interpret the findings and take appropriate action. The LPN is responsible for the overall client's care.

## What is the process for assignment to unregulated care providers?

Assignment is appropriate when the assigned task falls within the UCP role description and training. The employer is responsible and accountable for developing job/role descriptions that clearly outline the tasks that can be assigned to a UCP in that agency. UCPs may be assigned clients in collaboration with an RN or LPN or assigned specific interventions for one or more clients.

Prior to assigning a client or an intervention, consideration should be given to the individual competencies of the UCP. For example, is the UCP a novice or inexperienced healthcare provider? If the task is within the role description but the UCP has not yet performed the task, the assignor would need to consider the appropriateness of the assignment. The UCP may have had past training in tasks but if the task is not included in the UCP role description, the task could **not** be assigned to the UCP. Regardless of the assignment, the nurse assigning the task to the UCP is always responsible and accountable for providing appropriate supervision and feedback to the UCP.

### Assigning ADLs/IADLs

Based on educational preparation, experience and competence, the UCP provides assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs) through a client specific assignment working under the direction of an RN or LPN (see page 2). The nurse assigning the intervention should be aware of the difference between a high or low risk activity of daily living (ADL) and an intervention that is part of a therapeutic plan of care.

The following circumstances should be considered when determining whether an intervention is considered to be an ADL/IADL:

- client has been assessed by an authorized regulated healthcare professional, who evaluates the outcomes of the care provided on an ongoing basis
- need for the intervention has been identified
- client's needs are stable and the intervention is an established aspect of care
- UCP assigned the responsibility for the intervention has received instruction and is competent in performing the intervention for this individual client
- UCP performing the intervention is appropriately supervised by the nurse
- if the client was able to perform the intervention, s/he *would* perform the intervention her/himself as part of daily self-care (e.g., apply medicated cream)
- client responds or reacts to the intervention in a consistently predictable way
- the intervention is included in the UCP role description
- client will not be at risk if the intervention is performed by a UCP (consider whether RN or LPN competencies are required to perform the intervention).

Adapted from CARNA, Sept 2003 and CNO, 2008.

### *Example A*

**Suctioning:** A client at home has had an established permanent tracheostomy for a number of years and requires regular suctioning to clear the airway. The following have all been well-established: the need for the intervention, the response of the client and the outcome(s) of performing the intervention. This intervention has become a predictable part of the client's routine. The intervention would be considered an ADL that can be performed by a UCP who has the appropriate competency and whose employer has included this task in their role description. The client is not at risk by the UCP performing the intervention. However, should this client develop pneumonia, the same intervention could no longer be considered a routine ADL since the client's condition has become more complex and potentially unpredictable requiring an assignment to an RN or LPN.

## 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 scope of employment. Delegation is beneficial as it may promote the most efficient use of another individual's knowledge and skill and give nurses the opportunity to extend their services to a greater number of clients. The focus in this document is on the RN or LPN delegating to others, particularly the UCP. Delegation is client specific, meaning that the UCP can do the delegated task only for that client.

Activities that may be considered as delegated interventions are for those clients who are stable with predictable outcomes, there is minimal potential risk and the intervention does not require application of the nursing process. As client outcomes become less predictable, the nurse is less likely to delegate interventions to other healthcare providers. Delegation takes place only when it is determined to be in a client's best interest.

### *Example A*

An LPN and a UCP are working in a long-term care facility with a stable and predictable client population. The LPN is preparing a client to transfer to the local hospital for a barium enema. The LPN is on the phone with the hospital confirming final arrangements and delegates the UCP to administer a fleet enema. The UCP has the competencies to administer the fleet enema. The LPN directs the UCP to report back the results of the enema.

There may be rare situations or circumstances in which it is appropriate for the RN to delegate tasks to a member of the healthcare team for clients whose status may be unpredictable and unstable because it is in the best interest of the client. In an *emergency situation* when the delegatee has not received the necessary formal education, an intervention may be delegated if the nurse believes that the risk to client safety is greater than to not delegate. The RN would need to provide appropriate instruction and supervision in this situation.

### *Example A*

An RN and a primary care paramedic (PCP) are working in a Collaborative Emergency Centre (CEC) with an online EHS physician. They are caring for a febrile patient with shortness of breath consistent with pneumonia and preparing to transfer him to the regional facility. The patient needs an IV initiated, IV antibiotics, acetaminophen administered, and oxygen applied. The PCP could start the IV. The RN could apply the oxygen and delegate the administration of the acetaminophen to the PCP while s/he prepares the IV antibiotics.

The core nursing process cannot be delegated, only *interventions* can be delegated. Nurses cannot delegate nursing activities that compromise the core of the nursing process and require the specialized knowledge, judgement, and/or skill of an RN or LPN. For example, RNs can utilize data collected by other healthcare providers but they cannot delegate the comprehensive nursing assessment using that data.

The nurse may, at any point, decide not to proceed with delegation of the intervention. The decision to delegate is an individual professional decision. For example, if a client's condition has changed and the criteria outlined in the delegation policy is in question, the nurse may review the delegated intervention, collaborate with another nurse and decide to discontinue the delegation as a result of the review.

## Responsibility and Accountability

The responsibility and accountability for delegation is shared amongst the delegator, the delegatee and the employer.

The nurse (delegator) is accountable and responsible for:

- assessing the client's needs to inform the appropriateness of delegation
- the decision to delegate
- determining if the delegatee is competent to perform the delegation
- appropriately supervising; supervision entails initial direction, periodic inspections and corrective action when needed
- for the overall outcome and the outcome of the intervention

The UCP (delegatee) is accountable and responsible for:

- having sufficient knowledge, skills and judgement to accept the delegation
- refusing to accept delegation for those acts which s/he is not competent
- following agency policy and procedure
- performing the intervention safely, effectively and ethically
- documenting the care provided as per agency policy
- reporting observations and client information to the delegator

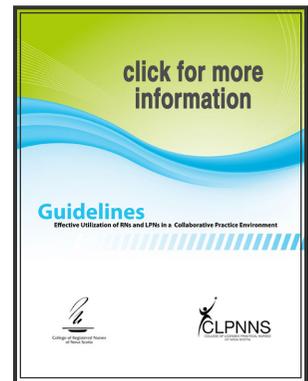
The employer is accountable and responsible for:

- providing adequate staff
- ensuring there is a process in place to establish competence including adequate education and training
- ensuring UCP competence
- establishing written policies and procedures which include:
  - » who the delegator is
  - » UCPs to whom authority has been, or can be, delegated
  - » the process for delegation
  - » guidelines for care

## Do registered nurses delegate to licensed practical nurses?

No, RNs do not delegate to LPNs. The knowledge that differentiates an RN's practice from an LPN's practice cannot be delegated away. RNs are accountable for the overall development and coordination of the nursing plan of care; whereas, the LPN and other care providers contribute to the nursing care plan. Knowledge and the decision-making used to determine that care (i.e., the assessment, evaluation, and judgment of the RN) cannot be delegated.

LPNs work under the guidance or general direction of a registered nurse, medical practitioner or other health care professional authorized to provide such consultation, guidance or direction, for clients considered unstable with unpredictable outcomes (LPN Act, 2006). For example, an LPN in a long term care agency is caring for a resident who suddenly demonstrates signs of a stroke. The LPN advises the RN of the change in condition. The RN then completes a new assessment of client condition and revises the plan of care. If the RN cannot immediately assess the client, the RN collaborates with the LPN and provides guidance for the LPN to care for the client and perform regular assessments until the RN is available. To learn more about the differences between the practice of an RN and LPN, click on *Guidelines for Effective Utilization of RNs and LPNs in a Collaborative Practice Environment*.



## What are the factors to consider when delegating to a UCP?

- When an intervention is delegated to unregulated care providers, it should be only to an individual who has received additional education, is competent to perform the delegated intervention and is supported by employer policy.
- Delegation to a UCP is always client-specific and not transferable, meaning that the delegated intervention must not be performed with another client.
- Nurses should know the definition of activities of daily living (ADL) and instrumental activities of daily living (IADL) as they apply to the UCP role. Nurses should be fully aware of the UCP's scope of employment within the agency.
- The nurse assumes responsibility for the delegation, performs periodic inspection and evaluation of the competence of the UCP and provides corrective action when needed.
- The nurse is responsible for determining the amount and kind of supervision required, provides ongoing supervision of the delegation, and provides support to perform the intervention within the clearly defined limits.
- Nurses should be knowledgeable about what is included in the UCP scope of practice and scope of employment so that they are aware of the UCP capabilities.
- When a client's status changes, a nurse must rely on her/his professional judgment to assess the situation and ensure the client receives safe and effective care related to delegation.

## Do registered nurses or licensed practical nurses delegate to clients, family members or other third parties?

Nurses do not delegate to clients, family members or other third parties (e.g., teacher, teaching assistant, friend, camp counsellor) rather, they **teach** clients, family members and third parties. Teaching these individuals requires unique factors that are not relevant for delegating to paid providers. Delegation requires accountability but clients, families or third parties are not accountable to the nurse.

Clients who are unable to provide their own care may request a family member or friend be taught to provide the care required. In such situations, the nurse would be accountable to:

- assess the appropriateness of teaching the client, family member or third party
- determine that the person has the necessary skills and knowledge to perform the intervention safely and competently
- competently provide the teaching supported by evidence-based knowledge
- encourage the person to contact the appropriate resource if circumstances change
- assess the effectiveness of the teaching and suggest available resources to family members or third parties
- provide ongoing evaluation to determine if the planned care continues to meet the client's needs.

## Supervision

Supervision is an essential component of assignment and delegation processes. There is no delegation and/or assignment without proper supervision, monitoring and evaluation of client outcomes. Supervision is the active process of directing, assigning, delegating, guiding and monitoring an individual's performance of an activity to influence its outcome (CNPS, 2012). It entails initial direction, periodic inspection and corrective action when needed. It can apply to one nurse supervising another nurse unfamiliar with a new procedure, a nurse supervising a student or a UCP.

An RN or LPN is responsible for providing ongoing supervision to assess a UCP's ability to perform a delegated task. The level of supervision is determined by the client care need, the education and experience of the UCP and the predictability of outcomes.

The degree and level of supervision required is dependent upon the education and experience of the UCP and should be based on careful assessment of the client by the nurse. For example, a newly graduated CCA may require increased supervision compared to a more experienced CCA when performing a higher risk ADL such as mobilizing a client with balance problems.

Supervision is generally categorized as direct, indirect or indirect remote.

- **Direct Supervision** – the nurse is physically present in the practice setting and directly observing the actual intervention being given.
- **Indirect Supervision** – the nurse is readily available for guidance and consultation on the unit or in the same location where the care is provided but is not directly observing the required intervention.
- **Indirect-Remote Supervision** – the nurse is available for guidance and consultation but is not physically present in the location where the care is provided. The nurse is providing direction through various means of written and verbal communications made possible through the use of technology (CNPS 2012).

# Summary of Points to Consider: Assignment and Delegation

**Assignment** = client and/or interventions - **within** individual scope of practice

**Delegation** = client interventions - **outside** individual scope of practice

*Communication and collaboration are key components for successful assignment or delegation outcomes.*

## 1. Planning

- Has the client population been identified?
- Is the model of care understandable and the role descriptions clear/available?
- Are agency policies/procedures in place to support assignment/delegation?
- Are the necessary supports/resources available to enable appropriate assignment or delegation?

## 2. Assessment

### a. Client Health Status and Care Needs

- Is there a low risk associated with assignment or delegation?
- Is the care requirement an ADL/IADL or does the client have complex needs?

### b. Right Context (Care Environment and Resources)

- Is there a low risk associated with the assignment or delegation?
- Is the decision based on sound nursing judgment?
- Are the necessary agency supports in place and available, i.e., education, policies and procedures, appropriateness to delegatee's job description?
- Is the assignment or delegation supported by the RN Act, LPN Act or other relevant legislation?
- Has education been provided where necessary (especially for delegation)?
- Is ongoing nursing assessment, care planning and evaluation available?

### c. Right Intervention

- Is the intervention in the client's best interest?
- Are the results of the intervention reasonably predictable?
- Is the intervention within the scope of practice of the assignee?
- Do the *Standards of Practice for Registered Nurses* and *Code of Ethics* support the assignment or delegation?
- Do the *Scope of Practice, Standards of Practice* and *Code of Ethics* for LPNs support the assignment or delegation?
- Is the intervention appropriate for assigning (within scope of practice) or delegating (outside scope of practice) within the context of practice?

### d. Right Person (determining the most appropriate competent healthcare provider)

- Does the assignor/delegator have the competence and/or the authority to assign or delegate?
- Does the assignee/delegatee have the necessary competence to accept the assignment or delegation so that client safety and well-being are not compromised.

## 3. Supervision

- Is supervision required?
- What type of supervision is required?
- Is appropriate supervision available when necessary?

## 4. Evaluation and Documentation

- Has the assignment or delegation been followed up with the appropriate documentation in the health record?
- Is there a process for communicating the results/outcomes of the process and/or intervention?
- Has the plan of care informed the decision to assign or delegate been evaluated?

## 5. Adjustments to Nursing Care Plan/Plan of Care

- Are adjustments to the nursing care plan/plan of care required?

(Adapted from CARNA, 2004)

## Conclusion

Healthcare providers are required to adapt to changing roles, work to optimized scope of practice and acquire skills necessary for a new system of service delivery to ensure safe, compassionate, competent and ethical care. Registered nurses, licensed practical nurses, UCPs and employers all have a responsibility and accountability to ensure that the necessary elements for assignment and delegation are in place to ensure safe client outcomes. The Colleges, as regulatory bodies, are accountable to the public to ensure safe, competent, compassionate and ethical care by supporting nurses throughout Nova Scotia. Collaborative practice with good communication and adherence to best or evidence-informed practice helps to ensure positive client outcomes and also enhances a more efficient healthcare system.

## Glossary

**Accountability:** the obligation to acknowledge the professional, ethical and legal aspects of one's role, and to answer for the consequences and outcomes of one's actions. Accountability resides in a role and can never be shared or delegated.

**Agency:** facility or organization through which health services are provided or offered (e.g., district health authorities, hospitals, community health centres, physicians' offices, home care programs).

**Care Plan (Multidisciplinary):** a written guideline for client care that documents client's health care needs that is intended to decrease the risk of incomplete, incorrect, or inaccurate data. It communicates to health care professionals the client's pertinent assessment data, a list of problems and therapies as well as the expected outcome criteria used in the evaluation of care. A care plan enhances the *continuity* of care between nurses and among other health professionals in the hospital and/or community by listing specific actions to achieve the goals of care, is organized so that nursing and other healthcare actions can quickly be identified and delivered and includes long-term care needs where necessary. It makes possible the coordination of nursing and other health care, subspecialty consultations and scheduling of diagnostic tests; identifies and coordinates resources used to deliver nursing and other healthcare; and specific equipment and supplies necessary for action. Incorporating the goals of the care plan into discharge planning is essential. Development of a care plan should involve the family as well as the client. A complete care plan is a blueprint for action that provides direction for implementation of the plan and a framework for evaluation of the client's response to actions (Potter, A., Perry, A. p. 337). The registered nurses coordinate the care plan; whereas, other health team members provide input into the care plan.

**Client:** the individual, group, community or population who is the recipient of nursing services and, where the context requires, includes a substitute decision-maker for the recipient of nursing services (RN Act, 2006).

**Collaboration:** working together as a healthcare team by respecting and acknowledging the roles of all those within the healthcare system in contributing to safe, compassionate, competent and ethical care. (Adapted from RN Act, 2006).

**Collaborative Practice:** *a process of active participation, communication and decision-making of two or more healthcare providers, in partnership with a person receiving care. The health care providers use their separate and shared knowledge and skills during the planning, implementation and evaluation phases of person-centered care. Interprofessional collaborative practice is centered on the needs of clients; enabling them to be partners in their care, with the most appropriate health professionals providing the services required to meet their healthcare needs*" (Health Professions Regulatory Network Joint Position Statement, 2008).

**Competence:** the ability to integrate and apply the knowledge, skills and judgment required to practise safely and ethically in a designated role and practice setting and includes both entry-level and continuing competencies (RN Act, 2006).

**Competency:** the integrated knowledge, skills, judgment and attributes required of a registered nurse to practise safely and ethically in a designated role and setting (Attributes include, but are not limited to, attitudes, value and beliefs.) (CNA, 2008).

**Complexity:** The degree to which a client's condition and/or situation is characterized or influenced by a range of variables (e.g., multiple medical diagnoses, impaired decision-making ability, challenging family dynamics) (CRNBC, Practice Standard, 2005).

**Context of practice:** conditions or factors that affect the practice of nursing, including client population, (e.g., age, diagnostic grouping), location of practice setting (e.g., urban, rural), type of practice setting and service delivery model (e.g., acute care, community), level of care required (e.g., complexity, frequency), staffing (e.g., number, competencies); and availability of other resources. In some instances, context of practice could also include factors outside of the healthcare sector (e.g., community resources, justice).

**Continuing Care Assistant (CCA) (Certified):** is a graduate of an approved CCA program who has successfully completed the Nova Scotia CCA Provincial Exam, or *equivalent*, and has a Nova Scotia department of Health issued CCA certificate.

**Decision-making:** the ability to draw on many models of thinking. Following assessment, decision-making involves interpreting health data, understanding and anticipating risks, benefits and outcomes beyond what is obvious and formulating a proactive plan of action based on this analysis. Critical thinking is an important component of effective decision-making (ARNPEI, Sept 2009).

**Evidence-informed practice:** practice based on successful strategies that improve client outcomes and are derived from a combination of various sources of evidence, including client perspective, research, national guidelines, policies, consensus statements, expert opinions and quality improvement data (CRNBC, 2005).

**Healthcare Providers:** all those who are involved in providing care; they may include professionals, personal care attendants, home support workers and others (CNA Code of Ethics, 2008).

**Individual Scope of Practice:** Individual scope of practice means the roles, functions and accountabilities that an individual is educated and authorized to perform as well as the limitations under which these services are provided. While the scope of practice defines the boundaries of the RN, LPN or CCA, the scope of practice of an individual care provider is further qualified by specific education and experience, the context of practice (e.g., hospital, community) and the authority given to that individual to perform all the functions outlined within the definition defined in their scope of practice.

**Intervention:** a task, procedure, treatment or action with clearly defined limits, which can be assigned or delegated within the context of client care.

**Licensed Practical Nurse:** The *Licensed Practical Nurses Act* (2006) states:

- (ae) "nursing services" means the application of practical nursing theory in the
- (i) assessment of clients
  - (ii) collaboration in the development of the nursing plan of care,
  - (iii) implementation of the nursing plan of care, and
  - (iv) ongoing evaluation of the client,
- for the purpose of
- (v) promoting health,
  - (vi) preventing illness,
  - (vii) providing palliative and rehabilitative care, and
  - (viii) assisting clients to achieve an optimal state of health

and

- (ah) “practice of practical nursing” means the provision of nursing services
- (i) independently, for clients considered stable with predictable outcomes, and
  - (ii) under the guidance or direction of a registered nurse, medical practitioner or other health care professional authorized to provide such consultation, guidance or direction, for clients considered unstable with unpredictable outcomes.

**Nurses:** Registered Nurses and Licensed Practical Nurses.

**Nursing Process:** a dynamic continuous process that enables nurses to organize and deliver nursing care by integrating five elements of critical thinking (specific knowledge base, experience, competencies, attitudes, and standards) to make judgments and actions based on reason. When caring for clients, registered nurses simultaneously synthesize the critical thinking components while engaging in the nursing process (Potter & Perry, 2006). The nursing process includes assessment, nursing diagnosis, planning, implementation, and evaluation.

**Observation:** seeing, reflecting; concluding or making a judgment. Conclusions or judgments are different based on the depth of knowledge and skills of the care provider.

**Outcomes:** responses that indicate the client’s health status and/or level of knowledge as a result of therapeutic nursing interventions (CARNA, 2003).

**Predictable:** the extent to which one can identify in advance a client’s response on the basis of observation, experience or scientific reason (RN & LPN Acts, 2006).

**Registered Nurse:** The *Registered Nurses Act* (2006) defines RN practice as:

“(ai) “practice of nursing” means the application of specialized and evidence based knowledge of nursing theory, health and human sciences, inclusive of principles of primary health care, in the provision of professional services to a broad array of clients ranging from stable or predictable to unstable or unpredictable, and includes

- (i) assessing the client to establish their state of health and wellness;
- (ii) identifying the nursing diagnosis based on the client assessment\* and analysis of all relevant data/information;
- (iii) developing and implementing the nursing component of the client’s plan of care;
- (iv) coordinating client care in collaboration with other health care disciplines;
- (i) monitoring and adjusting the plan of care based on client responses;
- (ii) evaluating the client’s outcomes;
- (iii) such other roles, functions and accountabilities within the scope of practice of the profession which support client safety and quality care;

in order to

- (A) promote, maintain or restore health;
- (B) prevent illness and disease;
- (C) manage acute illness;
- (D) manage chronic disease;
- (E) provide palliative care;
- (F) provide rehabilitative care;
- (G) provide guidance and counseling; and
- (H) make referrals to other health care providers and community resources;

and also includes research, education, consultation, management, administration, regulation, and policy or system development relevant to the above.”

**Risk:** possibility of harm or injury to a client.

**Scope of employment:** range of responsibilities defined by an employer through job descriptions and policies.

**Scope of practice:** the roles, functions, and accountabilities for which individuals are educated and authorized to perform as well as the limitations under which these services are provided. For members of a regulated profession (e.g. RN, LPN) these roles, functions, accountabilities and limitations are also defined by legislation (CCA Scope of Practice, 2009).

**Stable:** situations in which the client’s health status can be anticipated with predictable outcomes (RN & LPN Acts, 2006).

**Teaching:** providing systematic, competent instruction and determining that the learner (e.g. family member or healthcare provider) is competent to perform the intervention taught (CARNA, 2010).

**Team:** the client, family (as defined by the client), other client identified supports and healthcare providers involved in the development and/or implementation of the care plan.

**Unpredictable:** client health outcomes that cannot reasonably be expected to follow an anticipated path (RN & LPN Acts, 2006).

**Unstable:** situations in which a client’s health status is fluctuating, with atypical responses, where the care is complex requiring frequent assessment of the client and modification of the care plan and the client is managed with interventions that may have unpredictable outcomes and/or risks. (RN & LPN Acts, 2006).

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