Delegated Functions
Guidelines for Registered Nurses

College of Registered Nurses of Nova Scotia
Delegation Functions: Guidelines for Registered Nurses

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This document replaces the Guidelines for Delegated Medical Functions & Shared Competencies (1997/1999), and Guidelines for Delegated Medical Functions & Medical Directives (2005).
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Introduction and Purpose

The roles of registered nurses (RNs), nurse practitioners (NPs) and other health care providers have evolved in response to a variety of emerging trends in health care. As a result of the changes, healthcare providers are required to adapt to changing roles, work to their full scope of practice, and acquire skills necessary for a new system of service delivery. RNs and NPs are well-positioned to meet these demands and, as we move toward more collaborative approaches to care, there is growing evidence that they are applying their knowledge, skills, judgment, and attributes in an optimal and complementary manner.

The purpose of this document is to provide a framework for the processes and safe implementation of delegated functions (DFs), formerly referred to as ‘delegated medical functions’. This resource is intended to be used by registered nurses who receive delegated functions from nurse practitioners, physicians and other health care professionals.

History and Background

Registered nurses with the required qualifications have been able to perform delegated medical functions (i.e., healthcare services that fall within the legislated scope of practice of medicine) for a number of years in Nova Scotia.

The previous process for approving these delegated medical functions (DMFs) had been through the establishment of a Scope of Practice Committee comprised of representatives from the College of Physicians & Surgeons of Nova Scotia (CPSNS), College of Registered Nurses of Nova Scotia (‘the College’), the former Medical Society of Nova Scotia (now Doctors Nova Scotia), and the Nova Scotia Association of Health Organizations (NSAHO) (now Health Association Nova Scotia). This committee was discontinued in 2009 because:

1. There was less need for DMFs as more and more procedures actually fall within the scope of practice and/or scope of employment of registered nurses.

2. District health authorities have clearly defined polices and processes for the development of delegated medical functions and medical directives (including a process for careful review by content experts). In addition, the implementation of ‘OP3’ – one province, one policy, one process – will ultimately eliminate the need for multiple committees and policy development/review.

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 ensures its members are competent, qualified and follow clearly defined standards of practice and ethical principles. They also have a process for review of a members 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 have a scope of employment usually specified in a job description.

The focus in this document is on the RN accepting delegated functions from other regulated health professionals.
Delegated Functions

Delegation is transferring the responsibility to perform a function or intervention to a care provider who would not otherwise have the authority to perform it (eg., function/intervention is within the delegating provider’s scope of practice, but not within that 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 complete the intervention or tasks.

A delegated function (DF) is performed when it is in the best interest of the client and provides continuity of care. Delegation is beneficial as it may promote the most efficient use of another individual’s knowledge and skill and give that healthcare provider the opportunity to extend their services to a great number of clients.

A regulated health professional who has the legislative authority and the competence to perform a specific intervention can delegate it to others, as the delegator. Responsibility for delegation is shared amongst the employer, the regulated healthcare professional who determined the most appropriate healthcare provider with whom to delegate the intervention to, and the individual, in this case, the RN who accepted the performance of the delegation. The delegator is responsible and accountable for the decision to delegate the intervention as well as for overall client outcomes. The RN, as the delegatee, is responsible and accountable for the performance of the outcome of the intervention.

Guiding Principles for Delegated Functions

- Delegated functions should:
  - be consistent and in the best interest of clients
  - be appropriate for the practice environment
  - promote the optimal application of the competencies of all members of the healthcare team.
- The delegatee has the necessary competence to perform a DF.
- Delegated functions cannot contravene existing laws or accepted standards of practice.
- The responsibility to initiate, implement and maintain a DF is shared by registered nurses, nurse practitioners, physicians, other regulated healthcare professionals involved in DFs and healthcare agencies.
- Agency policies should be in place to support the implementation of DFs including a provision for resources required by healthcare practitioners to acquire and maintain required levels of competence.

How Does the Delegator Determine the Appropriate Healthcare Provider?

Determining the most appropriate healthcare provider to perform a particular delegated function requires consideration of the following:

- client factors
- context of practice
- practitioner competencies.

Client Factors

The safety of clients must be the foundation for making decisions about performing specific interventions in the form of a DF. These decisions should encompass an assessment of the:

- client’s state of health and his/her health problems (i.e., stable, unstable, predictable, unpredictable)

• complexity of care
• risks and benefits of the delegated function to the client
• adverse consequences to the client if delegated function not performed
• anticipated outcomes

Context of Practice
Consideration of the following factors within a practice setting will influence the decision for a delegated function:
• client population
• location of practice setting (eg., rural vs urban)
• medication system(s)
• type of practice setting and service delivery model (e.g., acute, community)
• complexity and frequency of intervention
• existence of DF policies along with educational supports/resources
• level of competence and experience of registered nurses, nurse practitioners, physicians and other relevant healthcare providers
• experience working in collaborative teams
• staff mix
• staff: client ratio

Practitioner competence
The delegatee’s ability to acquire and maintain competence must be considered.
• An individual’s competence to perform a specific intervention must be determined by her/his knowledge, skill and judgment relative to the intervention.
• Access to continuing education and clinical experiences to maintain competence are essential.

Supervision
Supervision is an essential component of the delegation process. There is no delegation 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).

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

• **Direct Supervision** – the delegator is physically present in the practice setting and directly observing the actual intervention being given.

• **Indirect Supervision** – the delegator 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 delegator is available for guidance and consultation but is not physically present in the location where the care is provided. The delegator is providing direction through various means of written and verbal communications made possible through the use of technology (CNPS 2012).
Development of a Delegated Function

There must be an identified need for a specific DF within an agency or District Health Authority. The development of DF policies, including the determination of who is the most appropriate care provider to accept the delegation and the competency requirements, should be developed in collaboration with:

- the nurse/health service manager
- the healthcare professional responsible for the delegated function (the *delegator*),
- the most appropriate care providers involved in performing the DF (the *delegatee*),
- risk management personnel
- educators
- ad hoc outside experts when necessary, e.g., ethics, content experts and regulatory experts.

Registered nurses, nurse practitioners, physicians, other relevant healthcare providers and employers should share in the DF development process because they share accountability in the provision of safe, compassionate, competent and ethical client care.

Before a DF is used to deliver healthcare within an agency, the following decisions need to be agreed upon:

- identification of the types of interventions that are appropriate for a DF
- determination of competencies required to perform the DF
- development of certification process for the delegatee
- identification of who may implement a DF
- identification of the practice environment (specific units, clinics, home or other services) in which the DF can be implemented
- identification of the authorized *delegator*. Some DFs may require clear identification to determine if a specific DF applies to *all* clients of *all* authorized delegators or only *some* clients of *selected* authorized delegators
- development of a review and revision mechanism for the DF
- documentation requirements for the *delegatee* performing the DF
- process to accept or decline the DF.

What Should be Included in a Delegated Function?

A delegated function must include:

- name and description of the intervention
- a relevant assessment process to be used by the *delegatee* in making the decision as to whether to implement the DF (i.e., specific clinical conditions and/or other circumstances that *must* exist before the DF can be implemented)
- identification of the contraindications for implementing the DF
- identification of resources essential to performing the intervention
- specific monitoring parameters and reference to appropriate emergency care measures
- education module, which may be developed by the facility ensuring best practice or utilize a well-established and accepted external education program
- annual certification/re-certification process.
Approval Process for Delegated Functions

The employer must ensure that there is an appropriate approval body and processes to approve a DF such as a Medical Advisory Committee or equivalent body. An equivalent body should consist of a representative physician delegating the function, a representative registered nurse involved in implementing the DF and other content experts – including representatives of risk management - as appropriate.

College staff members are available to provide consultation services to registered nurses and health agencies regarding development and approval of the DFs. The College may then collaborate with the relevant regulatory body representing the healthcare provider delegating the specific intervention.

DFs should be implemented only after the approval process has been finalized and the RN has been deemed competent to perform the delegated function.

Agency policy dictates the frequency for the review/revisions of DF policies. Generally, agency policies are reviewed every three to five years.

Responsibility and Accountability

Guided by their respective professional practice standards, health professionals are accountable for their own practice and actions at all times. They are also accountable to acquire and maintain a level of competence required for the ongoing provision of care and are expected to recognize the limits of their practice and competence. The delegator maintains accountability for overall client outcomes of care, including their decisions related to a DF (e.g., decision to delegate).

The following guidelines indicating responsibility and accountability are provided for delegators, delegatees and the healthcare agency/employer.

Delegator

The delegator is accountable and responsible for:

- knowing the risks of performing the intervention being delegated
- knowing the predictability of the outcomes associated with the intervention
- knowing the degree of supervision required
- ensuring that appropriate resources are available to intervene as required
- collaborating with delegatees in identifying the appropriateness of a DF
- collaborating with delegatees and agency educators in the development of appropriate educational content in relation to a DF
- collaborating in the development of clinical guidelines for DFs, including the nature and extent of delegator involvement required
- contact the College of Registered Nurses of Nova Scotia and other relevant regulatory body on matters pertaining to a specific DF, as required.
Delegatee

In essence, the approval of a DF is a determination that a specified intervention can be safely performed on the basis of a delegatee’s assessment of a client. In other words, given that the appropriate authorities have approved a DF, RNs as delegatees then make the ultimate decision concerning when it is appropriate to implement a particular DF, based on whether or not they have the competence to perform the DF and whether the necessary supports are available.

Any RN delegatee is accountable to acquire and maintain a level of competence required for the ongoing provision of safe and effective care. If s/he does not feel s/he is competent to perform a DF, the RN delegatee is expected to seek and gain the necessary education, guidance and/or supports to become competent.

In designated practice settings, given that all required resources are in place and the RN delegatee has attained the required competencies, s/he would base the decision to implement a DF on the assessment of client needs.

Delegatees are accountable for their decisions to proceed with the provision of a particular intervention and for their competence in its performance. Delegatees may decline to accept the delegation but they are accountable to ensure the client’s needs are communicated to members of the healthcare team in order to avoid gaps in care. It is important to note that although a delegatee may be authorized to perform a specific DF, s/he is always accountable to judge the appropriateness of implementing the intervention in a given situation.

Delegatees who implement an intervention using DFs are accountable and responsible for:
- assessing the client to determine the appropriateness of performing the specific DF
- knowing the client risks of implementing the DF
- attaining and maintaining the competence required to implement the DF safely
- knowing the predictability of the outcomes of the intervention
- knowing who to contact for support if needed
- maintaining a record of certification and re-certification in relation to DFs, according to agency policy
- contacting the College of Registered Nurses of Nova Scotia and other relevant regulatory body on matters pertaining to a specific DF, as required.

Healthcare Agency/Employer

The healthcare agency/employer is accountable and responsible for:
- ensuring that standards of care are consistent with legislated and accepted professional standards which support client safety
- meeting their obligation to the public by establishing appropriate processes for the development, approval, implementation and evaluation of policies
- implementing education programs that enable healthcare professionals to acquire and maintain appropriate levels of competence.
- establishing a collaborative process for the development, implementation and evaluation of DFs
- establishing written policies and procedures about DFs that include the outline of the requirements necessary for their development
- establishing and approving specific DF policies that are evidence-informed and consistent with accepted standards of care
- providing resources and supports for practitioners to attain and maintain a level of competence required for the performance of DFs
- establishing measures to monitor and evaluate the quality of client/patient outcomes with respect to DFs
• maintaining records of approved DFs
• establishing policies for certification and re-certification of staff and/or determination of competence relative to approved DFs
• contacting the College of Registered Nurses of Nova Scotia and other relevant regulatory body on matters pertaining to a specific DF, as required.

College of Registered Nurses of Nova Scotia

The College is accountable to the public to ensure safe, competent, ethical care through:
• providing consultation services to registered nurses and health agencies on matters pertaining to guidelines for DFs
• collaborating with the other regulatory body involved in the same DF.
Flowchart:
Development & Implementation of Delegated Functions

Identification of the intervention to be provided

Determine need to develop a delegated function
Analyse:
- Client needs
- Context of practice
- Patient populations
- Provider competencies
- Agency policies
- Ability to manage risk
- Adverse consequences if not performed

If NO
Delegated Function Required
Develop and submit DF for approval to the appropriate agency approval body
Supporting policies and required educational resources in place
Delegatees acquire competencies and completes required certification process
RN delegates implement DFs based on assessment (patient needs, context, populations, competencies, policies/supports, etc.)

If YES
Delegated Function Not Required
Consider an alternative process such as a care directive
**Summary Chart**

<table>
<thead>
<tr>
<th>Delegated Function</th>
<th>Pre-printed Order</th>
<th>Care Directive</th>
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<tr>
<td><strong>A delegated function</strong> is the process of transferring a specific intervention (task, procedure, treatment or action within explicit and limited situations having clearly defined limits) that falls <strong>within</strong> the scope of practice of one healthcare profession (delegator), however, in the interest of client care, has been approved to be performed by a member(s) of another healthcare profession (delegatee) for whom the intervention is outside their scope of practice, but who has the required competence (certification/recertification).</td>
<td><strong>A pre-printed order</strong> is a list of orders for a specific client for a specific health condition from which the authorized prescriber selects the applicable orders. Pre-printed orders must be signed and included in the client’s health record. The authorized prescriber must assess the client and then select the appropriate therapeutic intervention from the list of pre-printed orders. These orders are to be implemented as written unless the RN determines a client-specific contraindication (eg., allergy).</td>
<td><strong>A care directive</strong> is not a direct order for an individual client, but an order for an intervention or a series of interventions (e.g., algorithm) that may be implemented by a registered nurse for a range of clients with specific conditions and when specific circumstances exist. A care directive is <strong>not</strong> an intervention that is delegated, but is an intervention that is <strong>within the RN scope of practice</strong> (e.g., medication administration). An authorized prescriber must always be available when a care directive is performed. A care directive is <strong>always</strong> written by an authorized prescriber for which she/he has ultimate responsibility. A care directive is included with agency policies and not written on each individual client health record (as with a direct order), but a copy of the care directive should be included with the client health record or documented according to agency policy.</td>
</tr>
</tbody>
</table>

**Examples: (for registered nurses)**

- Initiation of continuous epidural infusions, insertion of chest tubes, harvesting of saphenous veins.

**Example:**

A pre-printed order set for Post Operative Total Knee Replacement would have a list of orders which are grounded in evidence informed practice and the authorized prescriber would tick off which orders are to be followed for each individual client based on the prescriber’s assessment.

**Example:**

Starting an IV and administering medications is **within the scope of nursing practice** when is ordered by an authorized prescriber. A care directive for treatment for a migraine in the emergency department would enable the nurse to treat this range of clients with this specific condition prior to the physician assessment.
Conclusion

Delegated functions require an analysis of factors within practice settings that affect the practice of nursing, medicine and other healthcare professions. This document outlines the framework and processes for the development and implementation of delegated functions for registered nurses in Nova Scotia. The document supports registered nurses to readily and appropriately adjust to meet changing client care needs and promote the optimal application of the competencies of all members of the healthcare team.
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).

**Certification**: the process of attaining competence in relation to a specific intervention through the completion of an education program that is established by an agency and encompasses both theory and practice components.

**Client**: the individual, group, community or population which 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).

**Collaborate**: Building consensus and working together on common goals, processes, and outcomes. (*CNA Code of Ethics*)

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

**Competent**: having or demonstrating the necessary knowledge, skills and judgments required to practice safely and ethically in a designated role and setting. (CRNNS, 2009).

**Competency**: the integrated knowledge, skills, judgment and attributes required of a registered nurse to practice safely and ethically in a designated role or setting. (Attributes include, but are not limited to, attitudes, values, and beliefs.) (*CNA Code of Ethics*, 2017)

**CPSNS**: College of Physicians and Surgeons of Nova Scotia; the regulatory/licensing body for physicians in the province of Nova Scotia.

**CRNNS**: College of Registered Nurses of Nova Scotia; the regulatory/licensing body for registered nurses and nurse practitioners in the province of Nova Scotia.

**Delegated function (DF)**: The process of transferring a specific intervention (task, procedure, treatment or action within explicit and limited situations having clearly defined limits) that falls within the scope of practice of one healthcare profession (delegator), however, in the interest of client care, has been approved to be performed by a member(s) of another healthcare profession (delegatee) for whom the intervention is outside their scope of practice, but who has the required competence (certification/recertification).

**Delegatee**: a health care team member who performs a specific intervention that is not within their scope of practice, but has been delegated to them by a team member who may perform that intervention that is within their scope of practice.
**Delegation**: transferring the responsibility to perform a function or intervention to a care provider who would not otherwise have the authority to perform it. The function/intervention is within the delegator’s scope of practice, but not within that of the care provider (delegatee) to whom it is being delegated. Delegation does not involve transferring accountability for the outcome of the function or intervention.

**Delegator**: a health care professional who has the authority to perform a specific intervention who delegates that intervention to another health care team member who would not otherwise have the authority to perform it (i.e. the intervention is not within that team member’s scope of practice).

**Intervention**: task, procedure, treatment, function, drug or action with clearly defined limits.

**Medical Advisory Committee (MAC)**: a committee that acts in an advisory capacity to an agency’s board and chief executive officer in matters concerning the medical care of clients, teaching, and research. The committee is usually comprised of an interprofessional membership and has the authority to approve agency policies.

**Policy**: broad statement that enables informed decision-making, by prescribing limits and assigning responsibilities/accountabilities. In terms of professional practice, policies are formal, non-negotiable, clear, authoritative statements directing professional practice. Policies are realistic and achievable, based on evidence or best practice, and should reflect the mission, vision, values and strategic directions of an organization (Cryderman, 1999, p.16).

**Practice of medicine**: includes, but is not restricted to:
(i) advertising, holding out to the public or representing in any manner that one is authorized to practise medicine in the jurisdiction,
(ii) offering or undertaking to prescribe, order, give or administer any drug or medicine for the use of any other person,
(iii) offering or undertaking to prevent or diagnose, correct or treat in any manner or by any means, methods, devices or instrumentalities any disease, illness, pain, wound, fracture, infirmity, defect, or abnormal physical or mental condition of any person,
(iv) offering or undertaking to perform any obstetrical procedure or surgical operation upon any person (Medical Act, 1996).

**Practice of nursing**: 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 the client’s state of health and wellness,
(ii) identifying the nursing diagnosis based on the client assessment and analysis of all relevant data and information,
(iii) developing and implementing the nursing component of the client’s plan of care,
(iv) co-ordinating client care in collaboration with other health care disciplines,
(v) monitoring and adjusting the plan of care based on client responses,
(vi) evaluating the client’s outcomes,
(vii) such other roles, functions and accountabilities within the scope of practice of the profession that 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, policy or system development relevant to subclauses (i) to (vii)

(*Registered Nurses Act, 2006*)

**Practice of nurse practitioners:** means the application of advanced nursing knowledge, skills and judgment in addition to the practice of nursing in which a nurse practitioner in collaborative practice may, in accordance with standards for nurse practitioners, do one or more of the following:

(i) make a diagnosis identifying a disease, disorder or condition,
(ii) communicate the diagnosis to the client and health care professionals as appropriate,
(iii) perform procedures,
(iv) initiate, order or prescribe consultations, referrals and other acts,
(v) order and interpret screening and diagnostic tests, and recommend, prescribe or reorder drugs, blood, blood products and related paraphernalia,
and also includes research, education, consultation, management, administration, regulation, policy or system development relevant to subclauses (i) to (v).

(*Registered Nurses Act, 2006*).

**Re-certification:** the process of renewing certification for a specific intervention; the frequency of which may be determined by an agency, taking into consideration factors such as practitioner competence and frequency of performance. Within their policy development, agencies may adopt certification programs from other institutions.

**Responsibility:** an activity, behaviour or intervention expected or required to be performed within a professional role and/or position: may be shared, delegated or assigned. (*Standards of Practice for Registered Nurses, 2011*)

**Scope of practice:** the roles, functions and accountabilities which members of a profession are legislated, educated and authorized to perform.

**Scope of employment:** the range of responsibilities defined by an employer through job descriptions and policies: must be within practitioners legislated scope of practice.
Bibliography


Appendix A

DELEGATED FUNCTION POLICY TEMPLATE

AGENCY POLICY & MANUAL HEADING

<table>
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THIS IS A DELEGATED FUNCTION FOR REGISTERED NURSES THAT REQUIRES ASSESSMENT OF COMPETENCY PRIOR TO PERFORMING

POLICY

GUIDING PRINCIPLES AND VALUES

DEFINITIONS

PROCEDURE (AND/OR PROFESSIONAL RESPONSIBILITES)
  - ASSESSMENT
  - PLANNING
  - IMPLEMENTATION
  - EVALUATION

RELATED DOCUMENTS

REFERENCES

HISTORICAL DATES