Improving Quality of Care Through Better Delegation

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Learning Objectives

• Discuss the differences between delegation and supervision and the role each plays in maximizing the capacity and capabilities of staff.
• Explore common delegation barriers and issues that impact quality of care.
• Provide practical tips and practices for improving delegation across long-term care teams.
Driving Forces to Evaluate the Impact of Delegation on Quality

- National and State Regulatory themes:
  - Requirements to deliver person-centered care
  - Manage the demands to improve care coordination
  - Maximize efforts to provide care in a safe environment
- Emerging payment models continue to align outcomes with reimbursement
- Manage work-force shortages to maximize staff capacity critical to care delivery
- Higher acuity and complexity of residents requires staff to develop and maintain competencies to provide services
- Increased consumer awareness and transparency
Quality of Care and Delegation

• Potentially Preventable Outcome Conditions Related to ineffective and/or inappropriate delegation:
  o Catheter Associated Urinary Tract Infections
  o Pressure ulcers
  o Decline in functional status
  o Prevention of pressure ulcers and promotion of wound healing
  o Low blood sugar, dehydration, constipation
  o Falls with injury
  o Medication Errors
Quality of Care and Delegation

- Activities Associated with these outcomes (Not all inclusive)
  - Turning and Positioning
  - Ambulation
  - Hygiene
  - Monitoring of blood sugar
  - Hydration
  - Toileting and Incontinence Care
  - Skin Care Programs
  - Medication Administration and reconciliation
  - Choking and Aspiration
  - Restorative Nursing
  - Fall prevention programs
  - Mechanical lift and transfer competency and practice
Common Scenario

- The 3-11 Registered Nurse assisted in performing work that could have been completed by others on the team secondary to call-offs.
- Near the end of her shift, the RN finds that the LPNs and nursing assistants have completed their work and are sitting at the nursing station waiting for the next shift to arrive.
- All evening the RN juggled competing patient needs, such as administering IV antibiotics for patients assigned to the LPN and nursing assistant, in addition to answering family questions and assisting a physician making rounds.
- The RN feeling overwhelmed questions the LPN and nursing assistant about why they did not help her. The LPN and nursing assistant respond that had the RN asked them to help, they would have, adding, “but we can’t read your mind.” The RN responded, “I didn’t have time to ask. Couldn’t you see I was busy?”
(Adapted from Weydt, 2010)
What Went Wrong?

• A quick response may be that the problem was lack of available personnel; however, the root cause was ineffective delegation and lack of communication with this team.

• This created an environment that placed resident care and safety at risk (medication errors, falls) and put the resident at risk for a complaint survey.
Scenario Summary

- Scenario describes the downside of not delegating and sharing the workload
- Ineffective delegation leads to:
  - Burnout
  - Decreased job satisfaction
  - Decreased quality of work
Questions to Ask

• What are the barriers to effective and efficient delegation in your nursing center, assisted living or personal care community?

• What are the potential benefits to effective and efficient delegation in your nursing center, assisted living or personal care community?

• What strategies and processes does your organization utilize to promote effective and efficient delegation of care?
Delegation Overview

- 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 (delegate) for whom the intervention is outside her/his scope of practice or scope of employment.
- Delegation consists of a series of competencies that require complex skill set and are guided by professional principles.
- Safe delegation depends on appropriate planning and execution of delegated tasks.
Steps in the Delegation Process

• Determine what to delegate
• Match projects to staff members
• Follow-up
• Show Appreciation
Benefits to Delegation

- Promotes the most efficient use of staff
- Critical to providing safe, quality care in a person-centered environment
- Assists in transitioning from reactive to proactive care delivery
- Improves resident, family and employee satisfaction
So Why is Delegation so Hard?
Common Barriers to Effective Delegation

• Interpersonal Relationships--The one delegating influences the willingness to respond
  o Communication style
  o Unfamiliarity with an individual/team (Inconsistent staff)

• Communication Gaps
  o Not having all of the information
  o Poor instructions

• Personal Choice to Not Delegate
  o Lack of Trust --If I’m responsible, I would rather do it myself thinking
  o Lack of Confidence in Competency Level

• Lack of professional development in skills such as delegation
Strategies to Improve Quality Through Delegation
# The Leadership Connection

## Good King Qualities
- Sets objectives
- Praises successes
- Deliberate
- Concise
- Methodical
- Analytical
- Controlling influence
- Authoritative
- Recognizes effort
- Attends to detail

## Warrior Qualities
- Inspiring
- Persuasive
- Selling vision
- Competitive
- Strong willed
- Confident
- Challenging
- Motivating
- Instils belief
- Forceful

## Medicine Woman Qualities
- Visionary
- Creates Change
- Imaginative
- Dynamic
- Experimental
- Demonstrative
- Enthusiastic
- Paints pictures
- Animated
- Sparky

## Great Mother Qualities
- Reassuring
- Supportive
- Responsive
- Relational
- Radiates warmth
- Builds Trust
- Develops others
- Sharing
- Encouraging
- Receptive

## Curses
- Set in their ways
- Boring
- Uninspiring
- Complacent
- Lacks & discourages innovation

## Warrior Curses
- Aggressive
- Over confident
- Too opinionated
- Makes others uncomfortable
- Cold and calculating

## Medicine Woman Curses
- Chaotic
- No pattern or order
- Not practical
- Head in the clouds
- Not a 'finisher'

## Great Mother Curses
- Can't make decisions
- Too inclusive
- Mediocrity and consensus are preferred
The Five Rights of Delegation

• The **right** direction/communication

• The **right** task
  o Is the delegate competent

• The **right** circumstance
  o Is the resident stable
  o Is the intervention appropriate

• The **right** supervision
  o Accountability
  o Responsibility

• The **right** person
  o Interpersonal relationships
  o Organizational Culture
Right Task
The Right Direction/Communication

[PHCA Quality Logo]
The Right Direction/Communication

- Cornerstone of effective and efficient delegation
- Arguably the most instrumental “right” in shaping quality and safety outcomes
- Defined as communication that is clear and concisely describes the delegated tasks
- The “right direction/communication” includes how the task/intervention is to be done
The Right Direction/Communication

• The “Right Direction/Communication” in the delegation process can be threatened by the information itself if the information is not passed on timely or in a meaningful way.
• If information is not passed along timely or in a meaningful way, care can be delayed and result in a poor patient outcome or decreased resident satisfaction.

Examples:
• Communicating resident preferences across all disciplines
• Think of communication between departments
  o Pain Management (Therapy and Nursing Coordination)
• Change in resident’s condition
  o Dietary changes (May result in choking episodes)
# Delegation and Accountability

Responsibility and accountability for delegation is shared:

<table>
<thead>
<tr>
<th>Delegator</th>
<th>Delegatee</th>
<th>Employer</th>
</tr>
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<tbody>
<tr>
<td>Assess residents need to inform and determine appropriate interventions</td>
<td>Have sufficient knowledge to perform the intervention/task</td>
<td>Establish the guidelines for care</td>
</tr>
<tr>
<td>Actively decides to delegate</td>
<td>Responsibility to refuse a delegation that he/she is not competent to perform</td>
<td>Ensure there is adequate staffing to provide services</td>
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<tr>
<td>Determines if the delegate is competent to perform the delegation</td>
<td>Follow Policies and Procedures</td>
<td>Establish written policies and procedures which should include a P&amp;P outlining the process for delegation</td>
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<tr>
<td>Appropriate supervision</td>
<td>Perform the intervention safely, effectively and ethically</td>
<td>Ensure competency level of staff to provide services</td>
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<td></td>
<td>Document the care provided per policy</td>
<td>Ensure there is a process in place to establish competency</td>
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<td>Report observations and client information to the delegator</td>
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The Relationship Between Collaboration and Delegation

• Health care providers are expected to work collaboratively with each and in partnership with residents and family members.

• Within specific departments specific health care professionals have distinct responsibilities and accountabilities requiring them to know the process involved for assignment and delegation.
  o Physicians
  o Registered Nurses
  o Physical, Occupational and Speech Therapists
Principles of Collaborative Practice

- Trust and Respect – Members of the collaborative practice 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 the needs of residents are beyond the scope of practice.
- Effective Communication—essential component of collaborative practice and central to providing safe, quality care
- Client Safety—The center of all care decision making
- Staffing—Decisions should be made based on services being provided, optimizing staff capacity and capability and achieving highest functional resident outcomes.
- Focus on and engage residents and families—Person-centered care
The Role of Team Assignments in Effective Delegation

- Team Assignments describe the distribution of work that each staff member is to accomplish and is a dynamic process which needs to be evaluated and adjusted to meet changing resident needs which include
  - Resident condition (complexity, variability and acuity)
  - Services required and competency/scope of practice of staff
  - Environmental layout of the unit
Considerations for Assignments and Delegation to Unlicensed Staff

- Resident has been assessed and the need for interventions have been identified by an authorized licensed health care provider.
- Resident’s condition is stable and the intervention aligns with person-centered care plan.
- Unlicensed staff must have adequate training and competency level to perform the intervention.
- The intervention is consistent with duties as assigned in job description.
- The intervention must be adequately supervised.
Key Principles of Delegation

• Assess the patient to determine their condition and appropriate interventions
  o Stable residents versus those with changing needs
• Provide direction and be available for questions
  o Promotes a learning, collaborative environment
• Delegate tasks that are within the scope of practice, competencies and skills of delegates
• Supervise, observe and monitor delegated activities
• Evaluate the effectiveness of the delegated acts supervised
Common Scenario--Revisited

• 3-11 Registered Nurse assisted in performing work that could have been completed by others on the team secondary to call-offs.
  (Develop a plan to maintain resident safety and provide quality care)
• Near the end of her shift, the RN finds that the LPNs and nursing assistants have completed their work and are sitting at the nursing station waiting for the next shift to arrive.
  (Delegation and assignments requires two-way communication)
• All evening the RN juggled competing patient needs, such as administering IV antibiotics for patients assigned to the LPN and nursing assistant, in addition to answering family questions and assisting a physician making rounds.
  (Process and skills to appropriately delegate)
• The RN feeling overwhelmed questions the LPN and nursing assistant about why they did not help her. The LPN and nursing assistant respond that had the RN asked them to help, they would have, adding, “but we can’t read your mind.” The RN responded, “I didn’t have time to ask. Couldn’t you see I was busy?”
  (Culture of teamwork and interpersonal relationships)
Institutionalized Care

- Task oriented
- Depersonalized
- Fragmented
- Schedule driven
- One size fits all!

Individualized Care

- Care, delivery systems, daily routine are focused on the needs, interests, lifestyle, preferences and choices of the resident
- Focuses on abilities and strengths

Culture Change Journey
Resources/Citations


