IF YOU DELEGATE tasks to unlicensed assistive personnel (UAPs) on a regular basis, you need a good understanding of what you can and can’t delegate (and how to know the difference), what your responsibilities are after you delegate the tasks, and what role your state’s nurse practice act plays in this delegation.

With UAPs fast becoming a vital component of most health care teams across the care continuum, it’s crucial for you to make the best use of their skills. The better you are at this, the more likely that you’ll help increase your unit’s productivity without compromising patient safety. In this article, I’ll help you grasp the basics of delegation so that you can stay on track when working with UAPs at your facility.

A UAP by any other name

According to the American Nurses Association, a UAP is “an unlicensed individual who is trained to function in an assistive role to the licensed nurse in the provision of patient/client activities as delegated by the nurse.” A UAP may work under any of a number of titles: patient care assistant, nurses’ aide, technician, multiskilled worker, practice partner, nursing assistant, nurse extender, orderly, or support personnel.

Both direct and indirect activities are delegated to UAPs. Direct patient care activities include tasks the UAP performs to help patients meet their basic needs. Examples are taking vital signs, obtaining daily weights, collecting specimens, performing patient’s daily hygiene, helping patients walk, and turning or repositioning patients.

Indirect patient care activities are centered on maintaining the environment in which care is delivered; they might incidentally involve direct patient contact. These tasks include cleaning equipment, cleaning the patient care area after transfer or discharge, emptying linen hampers, making unoccupied beds, delivering meal trays, and keeping unit log books updated.

The American Association of Critical-Care Nurses (AACN) has checklists of activities that can be safely delegated to UAPs, as well as a list of tasks that shouldn’t be delegated. Visit http://www.aacn.org, and from the home page, search for “AACN Delegation Handbook,” then click on the appropriate link in the search results.

The buck still stops here

When you delegate tasks to a UAP, remember that those tasks are still under your supervision. You’re fully responsible and accountable for ensuring that the tasks are completed safely and correctly.

What this means varies from state to state. So to be on top of your practice, you need to understand what your state’s laws say about your role and responsibilities in delegating to UAPs. For example, the AACN checklists I just mentioned should be followed only if they’re compatible with your state’s nurse practice act.

For an up-to-date copy of your state’s nurse practice act, contact your state nursing board. The National Council of State Boards of Nursing has information on...
Practical Matters


Be safe . . . not sorry
In many cases, it’s up to you to decide what you can and can’t delegate safely. Let’s take a closer look at a few things you need to consider.

- Identify the tasks you can safely delegate. As a rule, tasks that are not complex, carry little or no risk potential, don’t require a high degree of problem solving or innovation, have relatively predictable outcomes, and don’t significantly decrease the patient’s time with a licensed nurse can be successfully and safely handed off to a UAP. Any task that requires a professionally trained individual to evaluate or assess the patient’s response is best left to nursing personnel.

- Know your UAPs. Be sure you have enough information about your UAPs so that you know which ones can effectively handle which tasks. A few key questions to ask yourself include (1) What level of training has the UAP completed? (2) Has she successfully performed this task before? (3) Am I comfortable delegating this particular task to a UAP, knowing that I’m ultimately responsible for its successful completion?

- Honestly assess your own communication skills. Can you clearly describe the task to the UAP? Being as specific as possible, delegate to the UAP what needs to be done and in what time frame. Then ask her to repeat the instructions back to you. This way, you’ll be sure that she clearly understands what needs to be done.

- Are you comfortable providing feedback? It’s essential for you to offer the UAP feedback on what she’s done; she won’t learn and improve otherwise. When she completes a task, evaluate how well it was performed and tell her in a professional and respectful manner whether your objectives have been met.

- This can be the most difficult part of delegating, especially for nurses who have a hard time confronting another person with a problem. Just remember to keep it professional and focus on the fact that you’re both on the same team and have the same goal: to provide safe and effective care for your patients.

- See Ensuring successful delegation for more tips on delegating to UAPs.

Keep at it
Delegating to UAPs isn’t always easy; you may be unsure how much you can safely delegate. But keep at it: Learn what’s allowed by law, identify tasks that can be delegated, understand the strengths and weaknesses of the UAPs working with you, and don’t shy away from providing honest feedback.

The UAPs at your facility are there to help you get your work done. Ultimately, they can be a valuable asset in delivering safe, effective, and competent care to your patients. LPN

Ensuring successful delegation
Not sure you’re up to speed on delegating to unlicensed assistive personnel (UAPs)? Don’t despair—successful delegating can be learned! Follow these guidelines to help you delegate more effectively:

- Clearly define the activity and identify resources.
- Allow adequate time to complete the activity; include additional time for proper follow-up and evaluation.
- Be aware of internal barriers to delegation.
- Never delegate a task you wouldn’t do yourself.
- Delegate to the most appropriate person. Consider patient acuity, the activity itself, the UAP’s job description, and the UAP’s competency to complete the task.
- Communicate clearly. How well you communicate what you want done will determine how successfully it’s completed. Ineffective communication is one of the most common reasons why tasks aren’t completed as expected.
- Once you’ve assigned a task, you may want to accompany the UAP to the patient’s bedside and give clear instructions, including information about critical elements, cautions, and sources of additional information.
- Ask the UAP to demonstrate what you’ve just shown her. You can correct or add guidance as needed.
- Make sure the UAP knows that you’re available should she have questions or need additional information.
- Retain control, but give the UAP enough freedom to think and act on her own. Establish a trusting relationship.
- When complete independence is possible, give it. But never assume that “no news is good news” when it comes to your patients.
- Tell your UAP that you expect timely progress reports, including information on unexpected developments, delays, or problems. Follow up on changes or concerns you have.
- Give and request feedback. Ask your UAP to keep you informed of how she’s completed the task you’ve assigned and what the outcome is. Stress that you need feedback as close as possible to when the task is completed.
- Remember to “praise publicly but criticize privately.” Give the UAP the opportunity to respond and explain her actions. Work together on a plan to prevent another negative outcome. Remember that even when you delegate, you retain overall responsibility for patient care.

Selected references