Guideline: responsibilities for direction and delegation of care to enrolled nurses

May 2011
Introduction

The Nursing Council of New Zealand has the authority under the Health Practitioners Competence Assurance Act 2003 (the Act) to set standards for nursing practice and provide guidance to nurses and employers. The purpose of this guideline is to assist nurses and others to make decisions in relation to the direction and delegation of enrolled nurses in a variety of health care settings. This guideline will also assist employers of nurses to understand the accountability and responsibilities of nurses in relation to direction and delegation.

A new scope of practice for enrolled nurses was introduced in May 2010. Enrolled nurses are legally required to work under the direction and delegation of a registered nurse or in some settings this may be another registered health practitioner. More guidance is provided by the Council in this document for enrolled nurses who are practising in this broader scope in a range of contexts.

Enrolled nurses who have not made the transition to the new scope of practice will have a condition in their scope of practice restricting them to working with health consumers who have stable and predictable health outcomes, or they may have a condition restricting their practice to a specific focused area of practice, e.g. long-term care and rehabilitation. Some sections of this document relate to the broadened scope for enrolled nurses and will not apply to enrolled nurses with these conditions in their scope of practice. Registered nurses and other health practitioners who direct the practice of enrolled nurses must be aware of these conditions/restrictions.

Understanding accountability

Nurses hold positions of trust and responsibility within the community. As registered health practitioners, nurses are answerable for their decisions and actions. They are professionally accountable to the Nursing Council and accountable under legislation for their actions. They must also answer to their employer and to health consumers, and must be able to justify their decisions.

Registered nurses use their professional knowledge, judgment and skills to make decisions in partnership with health consumers based on their best interests. Registered nurses are responsible for ensuring enrolled nurses have the knowledge and skills to undertake delegated nursing activities. They should inform health consumers when they are delegating aspects of nursing care to enrolled nurses.

Both registered and enrolled nurses accept responsibility for ensuring their nursing practice and conduct meet the standards of professional, ethical and relevant legislative requirements.

Enrolled nurses must accept responsibility for their actions and decision making within the enrolled nurse scope of practice. Enrolled nurses are responsible for ensuring they have the knowledge and skills to perform nursing care before accepting responsibility.

Note: this document contains general guidance for nurses and employers to help them make decisions about direction and delegation. The level of direction and the enrolled nurse role will vary according to the health care setting, context of care and the health status of the health consumer.

Context refers to the environment in which nursing is practised. It refers to the type of service and complexity of service required by people. It could also include the resources available, the physical setting or health facility, the amount of clinical support and/or supervision from nurses, and the access to other health practitioners.1

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Understanding direction and delegation

Delegation is the transfer of responsibility for the performance of an activity from one person to another with the former retaining accountability for the outcome.

Direction is the active process of guiding, monitoring and evaluating the nursing activities performed by another. Direction is provided directly when the registered nurse is actually present and observes, works with and directs the person; direction is provided indirectly when the registered nurse works in the same facility or organisation as the supervised person but does not constantly observe his/her activities. The registered nurse must be available for reasonable access, i.e. must be available at all times on the premises or contactable by telephone (in community settings).

Direction and delegation of care to enrolled nurses

Within the nursing team, enrolled nurses are responsible and accountable for their own clinical practice within their scope of practice. The registered nurse is responsible for understanding the enrolled nurse scope of practice and how it contributes to the model of care in the health care setting. The registered nurse must follow organisational policies related to the enrolled nurse scope of practice. The registered nurse must also be aware of any conditions restricting the enrolled nurse’s scope of practice.

Enrolled nurse scope of practice

Enrolled nurses practise under the direction and delegation of a registered nurse or nurse practitioner to deliver nursing care and health education across the life span to health consumers in community, residential or hospital settings. Enrolled nurses contribute to nursing assessments, care planning, implementation and evaluation of care for health consumers and/or families/whanau. The registered nurse maintains overall responsibility for the plan of care. Enrolled nurses assist health consumers with the activities of daily living, observe changes in health consumers’ conditions and report these to the registered nurse, administer medicines and undertake other nursing care responsibilities appropriate to their assessed competence.

In acute settings, enrolled nurses must work in a team with a registered nurse who is responsible for directing and delegating nursing interventions. In some settings, enrolled nurses may coordinate a team of health care assistants under the direction and delegation of a registered nurse. In some settings, enrolled nurses may work under the direction and delegation of a registered health practitioner*. In these situations the enrolled nurse must have registered nurse supervision and must not assume overall responsibility for nursing assessment or care planning. Enrolled nurses are accountable for their nursing actions and practise competently, in accordance with legislation, to their level of knowledge and experience. They work in partnership with health consumers, families/whanau and multidisciplinary teams.

*A person who is registered under the Health Practitioners Competence Assurance Act, e.g. midwife, medical practitioner, occupational therapist.

The enrolled nurse collaborates with the registered nurse regarding the ongoing health status of the health consumer and any interventions beyond his/her scope of practice to ensure appropriate management where necessary. The registered nurse provides professional advice in a timely manner to facilitate best care for the health consumer.
The principles of delegation to enrolled nurses

1 The decision to delegate is a professional judgment made by a registered nurse and should take into account:
   (a) the health status of the health consumer
   (b) the complexity of the nursing intervention required
   (c) the context of care, and
   (d) the level of knowledge, skill and experience of the enrolled nurse.

2 The decision to delegate must be consistent with the service provider’s policies.

3 The registered nurse must ensure the enrolled nurse understands the nursing interventions required, and knows when to ask for assistance and when to report back to the registered nurse.

4 The registered nurse is responsible for monitoring and evaluating the outcomes of delegated nursing care.

The responsibilities of the registered nurse

The scope of practice of registered nurses can be found in Appendix 1.

(a) The health consumer must have a plan of care developed by a registered nurse. This may be developed in collaboration with the enrolled nurse.

(b) The registered nurse must determine if it is appropriate for an enrolled nurse to complete interventions based on the complexity of the health consumer’s needs.

(c) The registered nurse must provide ongoing monitoring of the health status of the health consumers for whom he/she is responsible.

(d) The registered nurse must be directly involved with the health consumer when the health consumer’s responses are less predictable or changing, and/or the health consumer needs frequent assessment, care planning and evaluation.

(e) If the registered nurse has made a professional judgment that delegation is inappropriate, she or he must communicate (and document) this to the enrolled nurse and the employer.

(f) It is the registered nurse’s responsibility to provide direct or indirect guidance according to the interventions and the competence of the enrolled nurse. He/she must be available for timely advice regarding any nursing needs. If the registered nurse, whose role it is to provide direction, is off the premises and not contactable, another registered nurse must be contactable for such guidance.

(g) Processes for seeking contact with and support from the registered nurse must be clearly documented and communicated within the nursing setting.

(h) An appropriately educated and experienced registered nurse may direct care across more than one setting if health consumer needs are predictable and the requirements for timely response can be met.

(i) The registered nurse retains accountability for evaluating whether the enrolled nurse maintains the relevant standards and outcomes.
The responsibilities of the enrolled nurse

The enrolled nurse has a responsibility to ensure he/she:

(a) accepts and recognises the legal limitations and ethical parameters of the role
(b) understands the enrolled nurse’s scope of practice and the registered nurse’s responsibility and accountability for direction and delegation of nursing care
(c) can name the registered nurse who is providing direction
(d) knows how and when to obtain further direction and assistance from that registered nurse
(e) demonstrates knowledge and skill in carrying out delegated nursing care
(f) informs and seeks guidance from the registered nurse when he/she encounters situations or aspects of care which are beyond his/her educational preparation and competency to perform
(g) documents the transfer of all or part of a health consumer’s care to a registered nurse when the health consumer’s needs are beyond their scope of practice
(h) informs the registered nurse and documents information about changes in the condition of a health consumer and the outcomes of delegated care.

The responsibilities of the employer

Employers are accountable and responsible for their employees. The Nursing Council recommends that employers have appropriate systems in place, including workload calculations with time factored in, to support the safe delegation of nursing care. Employers are also guided by their responsibilities under the Health and Disability Code of Consumer Rights and the Health and Disability Services Standards. Nursing Council assumes that nurses will be employed by health care employers who will support them to meet their professional obligations.

- The employer is responsible for ensuring the skills mix of staff provides a safe standard of care to health consumers.

- The employer is responsible for the employment of suitable staff to perform care provision and care supervision roles, and for training that supports the provision of safe and competent care.

- The employer must ensure there are clear role descriptions for nurses based on their scope of practice, direction/delegation policies and communication systems.

- The employer must have processes in place for monitoring the standard of care and for staff to document and report health consumer-related concerns.

- The employer is responsible for ensuring registered nurses are supported and are competent to safely delegate care, and for ensuring enrolled nurses understand their delegated activities and responsibilities.

- Employers and managers who are not registered nurses are expected to seek professional advice on the designation, number and skills of the staff required to meet the assessed care needs of health consumers and to support the delegated tasks as determined by the registered nurse.
Decision-making process for delegation by a registered nurse

Does the registered nurse have the skills and knowledge to safely delegate care in this context?

Yes

Can this activity be routinely performed without complex observations, decision making or nursing judgment?

Yes

Has the health consumer’s health status been assessed and delegation of care determined to be appropriate?

Yes

Is this health care activity within the level of knowledge, skill and experience of the person being delegated the activity?

Yes

Are there organisational policies and procedures in place to support the delegation?

Yes

Does the person who has been delegated the activity understand the delegated activity, have appropriate direction and know when and who to ask for assistance and who to report to?

Yes

Is there ongoing monitoring and evaluation of the outcomes of care by the registered nurse?

Yes

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The following sections provide guidance for when enrolled nurses can practise in the full scope of enrolled nurse practice. These sections may not apply to enrolled nurses who have not made the transition and have a condition in their scope of practice.

Working as part of a team with a registered nurse when nursing acutely ill or complex health consumers

Enrolled nurses must work as part of a team with a registered nurse in a situation where a health consumer has an unstable, unpredictable and/or complex health status. A registered nurse is required to assess, monitor and evaluate a health consumer when the health consumer’s condition or diagnosis is uncertain, their health status is unpredictable or fluctuating, and the risk of harm or immediacy of negative outcomes is high. In these situations the enrolled nurse may assist the registered nurse and can provide an additional level of qualified nursing support but he or she may not be assigned sole responsibility for the health consumer.

The registered nurse is responsible for assessing the health status of the health consumer and determining whether the assignment of care to an enrolled nurse is appropriate. The enrolled nurse is responsible for recognising and reporting changes in health status to the registered nurse.

Contributing to assessments

A comprehensive health assessment must be completed by a registered nurse in consultation with the health consumer. Enrolled nurses may complete aspects of this assessment by completing assessment tools as delegated by the registered nurse or by gathering data through observation, interview, examination or measurement.

Enrolled nurses are able to appraise an individual’s health status and situation at hand, contributing to comprehensive assessment by the registered nurse, supporting ongoing data collection and deciding when to inform the registered nurse.

In the community enrolled nurses may assist registered nurses to complete lifestyle assessments and plans for consumers who require support but do not have acute or complex health issues.

Observing and reporting changes in health consumer conditions

Enrolled nurses are expected to recognise normal or abnormal function when providing care to health consumers. Enrolled nurses have a responsibility to effectively report changes in health or behavioural status to the registered nurse. Changes in the health consumer must be reported in a timely manner and the enrolled nurse must be aware of the procedure for escalating concerns in the health care setting.

Coordinate a team of health care assistants under the direction and delegation of a registered nurse

Enrolled nurses are expected to recognise the differences in accountability and responsibilities of registered nurses, enrolled nurses and healthcare assistants.

They must clarify the enrolled nurse role and responsibilities in the context of different health care settings.

Enrolled nurses can prioritise the delivery of nursing care to health consumers as guided by the registered nurse and coordinate the provision of care by health care assistants within the team as delegated by the registered nurse.
In some settings such as residential or home care, enrolled nurses can coordinate and prioritise the workload for a team of health care assistants according to skill level provided the activities being assigned are within the usual job description of the health care assistant and supported by the organisation’s policy and training.

The enrolled nurse may act as a resource for these staff but must refer issues requiring clinical judgment to the registered nurse.

Enrolled nurses may not coordinate care for health consumers who are acutely ill or who have complex conditions.

Work under the direction and delegation of a registered health practitioner

In some settings it may be appropriate for an enrolled nurse to work under the direction of a registered health practitioner who is not a nurse. The enrolled nurse must understand the enrolled nurse role and boundaries in relation to the scopes of practice of other registered health practitioners.

- The registered health practitioner must understand the enrolled nurse role and scope of practice.
- The registered health practitioner must delegate to the enrolled nurse only those tasks and responsibilities that are within to the enrolled nurse’s level of knowledge and skill.
- The enrolled nurse must practise within their scope of practice and assessed level of competence, and must not be expected to fulfil the functions of a registered nurse.
- The primary motivation of direction by a registered health practitioner who is not a nurse is to serve the interests of the health consumer.

The enrolled nurse must practise within legislative requirements and organisational policy. He/she must report observations and changes in health status, and escalate concerns to that registered health practitioner. The enrolled nurse must refer issues outside scope to a registered nurse supervisor.

The enrolled nurse must also receive regular professional or clinical supervision from a registered nurse. The reason for this is that enrolled nurses must not practise in professional isolation. The registered nurse provides guidance and feedback on the enrolled nurse’s practice. This may include:

- monthly meetings
- discussion of practice issues
- discussion of professional development and learning needs,
- review of work content/nursing activities, and
- discussion of professional responsibilities and scope.

\*A person who is registered under the Health Practitioners Competence Assurance Act, e.g. midwife, medical practitioner, occupational therapist.
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**Health consumer**  Individual, group or community who works in partnership with nurses to plan and receive nursing care. The term includes patients, residents and/or their families/whanau/ representatives or significant others.

**Nursing judgment**  The ability to analyse and interpret the individual needs of a health consumer, evaluate the significance of each circumstance, compare the effect of the outcome of each action or alternative, and draw conclusions to make a decision that achieves the best outcome.

**Registered health professional**  A person who is registered under the Health Practitioners Competence Assurance Act, e.g. midwife, medical practitioner, occupational therapist.

**Registered nurse**  A nurse registered under the registered nurse scope of practice.

**Responsibility**  A charge or duty that arises from one’s role or status in a profession or organisation.

**Stable and predictable health outcomes**  Refers to circumstances where a health consumer’s health status can be anticipated, a plan of care can be readily established, and is managed with interventions that have predictable outcomes (Nurses Board of South Australia, May 2005).

**Supervision**  Supervision is provided by a registered nurse to an enrolled nurse who works under the direction of another health professional. The registered nurse provides guidance and feedback on the enrolled nurse's practice. This may include:

- monthly face-to-face meetings
- discussion of practice issues
- discussion of professional development and learning needs
- review of work content/nursing activities
- discussion of professional responsibilities and scope.
References

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Appendix 1

The registered nurse scope of practice

Registered nurses utilise nursing knowledge and complex nursing judgment to assess health needs and provide care, and to advise and support people to manage their health. They practise independently and in collaboration with other health professionals, perform general nursing functions and delegate to and direct enrolled nurses, health care assistants and others. They provide comprehensive assessments to develop, implement and evaluate an integrated plan of health care, and provide interventions that require substantial scientific and professional knowledge, skills and clinical decision making. This occurs in a range of settings in partnership with individuals, families, whanau and communities. Registered nurses may practise in a variety of clinical contexts depending on their educational preparation and practice experience. Registered nurses may also use this expertise to manage, teach, evaluate and research nursing practice. Registered nurses are accountable for ensuring all health services they provide are consistent with their education and assessed competence, meet legislative requirements and are supported by appropriate standards. There will be conditions placed in the scope of practice of some registered nurses according to their qualifications or experience limiting them to a specific area of practice.

The Nursing Council competencies for registered nurses describe the skills and activities of registered nurses.