ND BOARD OF NURSING: 
SCOPE OF PRACTICE & 
DELEGATION

Dr. Stacey Pfenning APRN FNP 
ND Board of Nursing Executive Director
North Dakota Board of Nursing Overview

- Definitions

**Scope of Practice**

- Definitions and related laws & rules
- Scope of practice decision-making framework (NCSBN)

**Delegation/assigning**

- Definitions
- Parameters per laws & rules
- ANA and NCSBN
ND BOARD OF NURSING
OVERVIEW
NDCC 43.12.1
NURSE PRACTICES ACT

MISSION

- Public protection -

To assure ND citizens quality nursing care through the regulation of standards for nursing education, licensure and practice.
NDCC 43-12.1-05
BOARD COMPOSITION

- Four year terms, appointed by Governor Dalrymple
  - One APRN
  - Five RNs
  - Two LPNs
  - One Public Member
- Nurses actively engaged in practice
2016-2017
MEMBERS OF THE BOARD

- Jane Christianson, RN, President, Bismarck
- Michael Hammer, RN, Vice President, Velva
- Paula Schmalz, APRN, Treasurer, Fargo
- Clara Sue Price, Public Member, Minot
- Janelle Holth, RN, Grand Forks
- Mary Beth Johnson, RN, Bismarck
- Jamie Hammer, RN, Minot
- Bonny Mayer, LPN, Minot
- Wendi Johnston, LPN, Kathryn
- North Dakota Century Code (NDCC) - The law/statutes
  43-12.1

- North Dakota Administrative Code (NDAC) - The rules
  Title 54
43-12.1 NURSE PRACTICES ACT

OVERVIEW

- Scope & exemptions
- Definitions
- License required - Title
- Board composition, qualifications, compensation, duties
- Initial licensure, criminal history record check, renewal/reactivation
- **Duties of licensees**
- Emergency treatment by a nurse
- Disciplinary proceedings & grounds for discipline, violations - penalties
- **Delegation of medication administration**
- **Supervision/delegation of nursing interventions**
- Nursing education programs
NPA 43-12.1-08: Duties of the Board

The Board shall:

- Regulate practice of nursing as provided in this chapter by adopting & enforcing administrative rules necessary to administer this chapter.
- Adopt & enforce rules for nursing practice.

NPA 43-12.1-09. Initial licensure and registration

- Board shall adopt & enforce administrative rules establishing qualifications for initial nurse licensure.
- General administration
- Nurse licensure
- Standards of nursing education programs
- Nursing student loans
- **Standards of practice**
  - Role, standards of professional accountability, scope of practice, responsibilities
  - APRN includes licensure and prescriptive authority
- Unlicensed assistive person

**Title 54 ND Administrative Code Overview**
NPA 43-12.1-02 Definitions:

- **Nurse**: Individual who is currently licensed as an advanced practice registered nurse, specialty practice registered nurse, registered nurse, licensed practical nurse.

- **Nursing**: Performance of acts utilizing specialized knowledge, skills, abilities for clients in variety of settings. Includes 5 outlined acts, which may **not** be deemed to include medical diagnosis or treatment or the practice of medicine as defined in chapter 43-17.
NPA 43-12.1-02 Definitions:

- **Licensed Practical Nurse (LPN)**
  - Holds current license to practice in ND as LPN.
  - Practices dependently under the supervision of a RN, APRN/SPRN, licensed practitioner.

- **Registered Nurse (RN)**
  - Holds current license to practice in ND as RN.
  - Practices nursing independently/interdependently through application of nursing process.

- **Advanced Practice Registered Nurse (APRN)**
  - Holds current license to practice in ND as APRN within one of the roles: certified nurse practitioner, certified registered nurse anesthetist, certified nurse midwife, certified clinical nurse specialist.
  - Functions in one of the population foci as approved by board.

- **Unlicensed assistive person (UAP)**
  - Assistant to nurse, regardless of title, authorized to perform nursing interventions delegated & supervised by nurse. Ex. Medication Assist III, surgical & dialysis technician, medical assistant.
SCOPE OF PRACTICE
**NPA 43-12.1-01 Scope**: Practice of nursing is continually evolving and responding to changes within HC patterns & systems. There are overlapping functions within the practice of nursing & other providers of HC

**NDAC 54-01-03-01**:

- **Scope of practice**: Delineation of the nature & extent of practice
- **Authority**: Legal authority to provide nursing care granted through licensure as nurse or through delegation of nursing interventions from licensed nurse (NDAC)
- **Competence**: Application & integration of knowledge, skills, ability, judgement necessary to meet standards (NDAC)
Accountability: To be answerable to oneself & others for one’s own choices, decisions, actions as measured against a standard such as established by Code of Ethics for Nurses with Interpretive Statements (ANA, p. 14)

Provision 4: ANA Code of Ethics Interpretive Statement-The nurse has authority, accountability, responsibility for nursing practice; takes action consistent with obligation to promote health & provide optimal care (p. 15)
Critical focuses for determining scope of practice (& changes when needed)

- Historical basis for the profession and evolution of the practice
- Relationship of education & training of licensee to scope of practice
- Evidence related to how scope of practice benefits public
- Capacity and authorization of regulatory agency to adopt and enforce standards and scopes of practice

SCOPE OF PRACTICE

(NCSBN, 2012)
LPN

Dependent practice
- Functions under supervision of RN, APRN, or licensed practitioner
- Assists & participates in implementing nursing process

Selected components in nursing management of IV therapy with specific training

Scope
- Participate in nursing cares
- Conduct focused nursing assessment and contributes data to care plan
- Plan for care of stable/predictable client
- Assist RN or licensed practitioner in identification of client needs and goals
- May assign or delegate performance of nursing interventions to other persons (LPN, UAP)
RN

- Responsible and accountable to practice according to standards
- Provides care based upon client needs; knowledge, skills, abilities of RN; & organization policy.
- Nursing practice role is determined by application of nursing knowledge - not setting or position title
- Applies nursing process independently, interdependently, dependently
- Administration & management of nursing by RN includes assigning/delegation interventions that may be performed by others.
- Utilizes nursing process to assess, diagnose, establish plan with outcome criteria, intervene, evaluate, document health problems in nursing practice setting. Includes teaching and communication practices.

RN SCOPE OF PRACTICE

(NDAC, NPA)
APRN

In any setting, functions as member of interdisciplinary team; provides care to fullest extent of scope

- Comprehensive/advanced assessment of health status based on interpretation of data
- Analyze multiple sources of data; select appropriate treatment
- Coordinate resources for provision of care; collaborate
- Maintain accountability and responsibility for quality of nursing care provided
APRN

Scope must be consistent with nursing education & certification

- Assess clients and synthesize data within nursing framework
- Identify, develop, plan, maintain nursing care
- Prescribe therapeutic regimen; diagnosing, prescribing, administering, dispensing legend drugs/controlled substances (2011 repeal of collaborative agreement requirement)
- Evaluate prescribed HC regimen for clients
- Assign and delegate; teach and counsel
- manage, supervise, evaluate practice of nursing; integrate QI; collaborate

APRN SCOPE OF PRACTICE

(NDAC, NPA)
Decision-Making Framework:

- Determine individual accountability for practice decisions
- Communicate with other HC professionals regarding scope of practice & nurses accountability
- Inform employers about scope of practice & nursing accountability
- Educate nursing students about their accountability for practice decisions
- Guide professional nursing organizations, credentialing & regulatory agencies in formulation of scope and standards of practice, policy, position statements

Aimed to promote safety to patients

A standardized decision-making framework for all licensed nurses in all settings with respect to their education

NC SBN SCOPE OF PRACTICE
DECISION-MAKING FRAMEWORK

Is the activity, intervention, role prohibited by NPA/rules/regulations or any other applicable laws/rules/regulations, or accreditation standards or professional nursing scope & standards?

- Yes: **STOP**
- No: Progress to next
Is performing the activity, intervention, role consistent with evidence-based nursing & HC literature?

- No: STOP
- Yes: Progress to next

**NCSBN SCOPE OF PRACTICE DECISION-MAKING FRAMEWORK**

Are there practice settings policies & procedures in place to support performing the activity, intervention, role?

- No: STOP
- Yes: Progress to next

NC SBN SCOPE OF PRACTICE DECISION-MAKING FRAMEWORK

Has the nurse completed necessary education to safely perform the activity, intervention, role?

- No: STOP
- Yes: Progress to next

NCSBN SCOPE OF PRACTICE
DECISION-MAKING FRAMEWORK

Is there documented evidence of nurse’s current competence (knowledge, skills, abilities, judgements) to safely perform the activity, intervention, role?

- No: STOP
- Yes: Progress to next

NC SBN SCOPE OF PRACTICE DECISION-MAKING FRAMEWORK

Does the nurse have appropriate resources to perform the activity, intervention, role in the practice setting?

- No: STOP
- Yes: Progress to next

NC SBN SCOPE OF PRACTICE DECISION-MAKING FRAMEWORK

Would a reasonable and prudent nurse perform the activity, intervention, role in this setting?

- No: STOP
- Yes: Progress to next

NC SBN SCOPE OF PRACTICE
DECISION-MAKING FRAMEWORK

Is the nurse prepared to accept accountability for the activity, intervention, role and for related outcomes?

- No: **STOP**
- Yes: Progress to next
Safe & effective HC for citizens is the heart of scope of practice law/rules which aim to ensure public protection and assurance that the licensee is competent to provide the care.

Nursing practice is continually evolving to meet needs of citizens and HC systems and must promote competent professionals while supporting access to care and accept inevitable overlapping of scopes.
DELEGATION
NDAC 54-01-03-01 Definitions

- **Delegation**: The authorization for performance of selected nursing interventions/cares from a licensed nurse to an UAP.
- **Assign**: A licensed nurse designates the responsibility for performance of nursing interventions to another licensed nurse (RN to LPN; APRN to RN or LPN).
- **Nursing intervention**: Initiation & completion of client-focused actions necessary to accomplish goals defined in plan of care (may include ADLs).
NDAC 54-01-03-01 Definitions

- **Supervision**: Maintaining accountability to determine whether or not nursing care is adequate and delivered appropriately. Includes assessment & evaluation of client’s condition & responses to nursing care plan and evaluation of competence of person providing care.

- **Direction**: Provision of written/verbal guidance & supervision by licensed nurse who is responsible to manage provision of nursing interventions by another person.

- **Stable**: situation in which client’s clinical & behavioral status/needs are determined by RN/LPN to be predictable, nonfluctuating, consistent or in which fluctuations are expected and interventions are planned.
NPA 43-12.1-16 and 43-12.1-16.1

- A licensed nurse may delegate medication administration to a person exempt under subsections 9 & 13 of section 43-12.1-04.

- A nurse may supervise and delegate nursing interventions to an individual exempt under subsection 13 of section 43-12.1-04.
NDAC 54-05-01 Standards of Practice for LPN

54-05-01-07: Administration & management of nursing by LPN includes assigning & delegating nursing interventions. UAPs complement licensed nurse in performance of nursing interventions but may not substitute licensed nurse.
54-05-01-09: In maintaining accountability for delegation, the LPN shall:

- Assign nursing care within the LPN scope of practice to other LPNs; monitor and evaluate the cares assigned to the other LPN;

- Delegate to another only those cares which that person has necessary skills/competence to accomplish safely. Delegation must pose minimal risk. When delegating, the LPN shall:
  - Ensure UAP is on registry; has education & demonstrated competency for intervention;
  - Ensure results of cares are reasonably predictable; stable clients
  - Ensure intervention does not require assessment, interpretation, independent decision-making;
  - Provide clear directions and within facility policy
  - Provide supervision/feedback; observe, evaluate, communicate outcomes of care
54-05-02 Standards of Practice for RN

- **54-05-02-04**: Administration & management of nursing by RN includes assigning & delegating nursing interventions.

- **54-05-02-07**: Similar to LPN.
  - RN assigns/delegates responsibility for performance of nursing intervention to others.
  - Assigning of interventions may be made by RN to others authorized to provide nursing care as RN or LPN.
Section for RN Administrator:

- Shall select nursing service delivery models for provisions of care;
- Assess health status of client group; analyze data; identify collective nursing care needs/priorities/necessary resources;
- Responsible to determine nurse have required competencies expected for practice roles;
- Shall identify nursing personnel by position title, job description, qualification;
- Ensure UAPs are on registry and have education/demonstrated competencies.
54-05-03.1 Standards of Practice for APRN

- 54-05-03.1-03.2 (e): Assign and delegate nursing interventions that may be performed by others.
Delegation and assigning is an essential nursing skill and must be done safely and effectively. Licensed nurse maintains full responsibility and accountability for tasks delegated.

- Why Delegate/Assign?
  - More work than nurses, large demand on nurses
  - Increasing complexity of healthcare therapies & delivery

- Who Delegates/Assigns?
  - APRN/RN/LPN to UAP (delegation)
  - APRN/RN to LPN (assigning)
  - APRN to RN (assigning)
  - LPN to LPN (assigning)
DELEGATION PROCESS

Level 4
EVALUATION

Level 3
MONITORING

Level 2
DELEGATION

Level 1
ASSESSMENT

ND Board of Nursing
5 Assessment Red Flags

- Complex nursing intervention
- Unidentified client needs
- Lacking the requisite knowledge and skills
- Insufficient opportunity to train
- Insufficient opportunity to monitor/supervise
5 Rights of Delegation/Assigning

- Right Task
- Right circumstances
- Right person
- Direction and communication
- Supervision and evaluation

DELEGATION

(NCSBN, NDAC, NPA)

- 2 Expert panels funded by NC SBN grant
- Represented education, research, practice
- Reviewed literature and key issues
- Developed national guidelines to facilitate & standardize nursing delegation


- Terminology
- Policy considerations
- Principles of delegation
- Includes decision tree
Limits on Delegation (NDAC 54-07-03.1-03.1):

- Assessment (physical, psychologic, social)
- Nursing Diagnosis and care goals
- Formulation of plan of care and evaluation of effectiveness
- Teaching, counseling
- Triage/coordination of care (consulting/referring)
- Medication administration (unless Med Aid)
- Receiving/transmitting orders
NC SBN NATIONAL GUIDELINES

- Delegation and working with others
- Available at https://www.ncsbn.org/1625.htm

NC SBN, 2016
Step One – Assessment and Planning

Are there laws and rules in place that support the delegation?  

- NO

Is the task within the scope of the delegating nurse?  

- YES

Has there been assessment of the client needs?  

- NO

Is the delegating nurse competent to make delegation decisions?  

- YES

Is the task consistent with the recommended criteria for delegation to nursing assistive personnel (NAP)?

- NO

- YES

Does the nursing assistive personnel have the appropriate knowledge, skills and abilities (KSA) to accept the delegation?  

- NO

Does the ability of the NAP match the care needs of the client?  

- YES

- NO

If not in the licensed nurse’s scope of practice, then cannot delegate to the nursing assistive personnel (NAP). Authority to delegate varies; so licensed nurses must check the jurisdiction’s statutes and regulations.

- DO NOT DELEGATE

Assess client needs and then proceed to a consideration of delegation.

- DO NOT DELEGATE until can provide and document additional education, then reconsider delegation; otherwise do not delegate

- DO NOT DELEGATE
Step Two — Communication

Communication must be a two-way process

<table>
<thead>
<tr>
<th>The nurse:</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Assesses the assistant’s understanding</td>
</tr>
<tr>
<td>▪ How the task is to be accomplished</td>
</tr>
<tr>
<td>▪ When and what information is to be reported, including</td>
</tr>
<tr>
<td>▪ Expected observations to report and record</td>
</tr>
<tr>
<td>▪ Specific client concerns that would require prompt reporting.</td>
</tr>
<tr>
<td>▪ Individualizes for the nursing assistive personnel and client situation</td>
</tr>
<tr>
<td>▪ Addresses any unique client requirements and characteristics, and clear expectations of.</td>
</tr>
<tr>
<td>▪ Assesses the assistant’s understanding of expectations, providing clarification if needed.</td>
</tr>
<tr>
<td>▪ Communicates his or her willingness and availability to guide and support assistant.</td>
</tr>
<tr>
<td>▪ Assures appropriate accountability by verifying that the receiving person accepts the delegation and accompanying responsibility</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The nursing assistive personnel:</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Ask questions regarding the delegation and seek clarification of expectations if needed</td>
</tr>
<tr>
<td>▪ Inform the nurse if the assistant has not done a task/function/activity before, or has only done infrequently</td>
</tr>
<tr>
<td>▪ Ask for additional training or supervision</td>
</tr>
<tr>
<td>▪ Affirm understanding of expectations</td>
</tr>
<tr>
<td>▪ Determine the communication method between the nurse and the assistive personnel</td>
</tr>
<tr>
<td>▪ Determine the communication and plan of action in emergency situations</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Documentation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Timey, complete and accurate documentation of provided care</td>
</tr>
<tr>
<td>▪ Facilitates communication with other members of the healthcare team</td>
</tr>
<tr>
<td>▪ Records the nursing care provided.</td>
</tr>
</tbody>
</table>
Joint Statement on Delegation
American Nurses Association (ANA) and the National Council of State Boards of Nursing (NCSBN)

Step Three – Surveillance and Supervision
The purpose of surveillance and monitoring is related to nurse’s responsibility for client care within the context of a client population. The nurse supervises the delegation by monitoring the performance of the task or function and assures compliance with standards of practice, policies and procedures. Frequency, level and nature of monitoring vary with needs of client and experience of assistant.

<table>
<thead>
<tr>
<th>The nurse considers the:</th>
<th>The nurse determines:</th>
<th>The nurse is responsible for:</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Client’s health care status and stability of condition</td>
<td>▪ The frequency of onsite supervision and assessment based on:</td>
<td>▪ Timely intervening and follow-up on problems and concerns. Examples of the need for intervening include:</td>
</tr>
<tr>
<td>▪ Predictability of responses and risks</td>
<td>▪ Needs of the client</td>
<td>▪ Alertness to subtle signs and symptoms (which allows nurse and assistant to be proactive, before a client’s condition deteriorates significantly).</td>
</tr>
<tr>
<td>▪ Setting where care occurs</td>
<td>▪ Complexity of the delegated function/task/activity</td>
<td>▪ Awareness of assistant’s difficulties in completing delegated activities.</td>
</tr>
<tr>
<td>▪ Availability of resources and support infrastructure.</td>
<td>▪ Proximity of nurse’s location</td>
<td>▪ Providing adequate follow-up to problems and/or changing situations is a critical aspect of delegation.</td>
</tr>
</tbody>
</table>

Step Four – Evaluation and Feedback

Evaluation is often the forgotten step in delegation.

In considering the effectiveness of delegation, the nurse addresses the following questions:
▪ Was the delegation successful?
  o Was the task/function/activity performed correctly?
  o Was the client’s desired and/or expected outcome achieved?
  o Was the outcome optimal, satisfactory or unsatisfactory?
  o Was communication timely and effective?
  o What went well; what was challenging?
  o Were there any problems or concerns; if so, how were they addressed?
▪ Is there a better way to meet the client need?
▪ Is there a need to adjust the overall plan of care, or should this approach be continued?
▪ Were there any “learning moments” for the assistant and/or the nurse?
▪ Was appropriate feedback provided to the assistant regarding the performance of the delegation?
▪ Was the assistant acknowledged for accomplishing the task/activity/function?
With increasing demands on nursing workforce, assigning and delegating in a team becomes a vital practice. Continuous communication, value of all team members, and trust between HC workers will provide a solid foundation for further developing this art and science.
STACEY PFENNING  DNP APRN  FNP
EXECUTIVE DIRECTOR
NORTH DAKOTA BOARD OF NURSING
919 S 7TH STREET SUITE 504
BISMARCK, ND 58504-5881
PHONE: 701-328-9781
FAX: 701-328-9785
spfenning@ndbon.org


REFERENCES

- North Dakota Administrative Rules and Regulations Title 54. Available at http://www.legis.nd.gov/cencode/t43.html