



COVID-19 Special Topics Webinar

May 20, 2020

Welcome! A Few Housekeeping Items

- *Webinar will begin at 1:00 EST and it is being recorded*
- *Chat will be open throughout the webinar.*
- *Feel free to send us your questions via the Q&A option.*
- *First 40-45 minutes, we will cover content and the remaining time will be used for Q & A and discussion with the webinar panel*
- *All questions received during the presentation will be addressed by topic during the Q & A time.*



THE OHIO STATE UNIVERSITY

COLLEGE OF NURSING

Helene Fuld Health Trust National Institute for
Evidence-based Practice in Nursing and Healthcare

Evidence-based Updates on COVID-19: *Special Topics: Team Nursing & Delegation*

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fuld.nursing.osu.edu



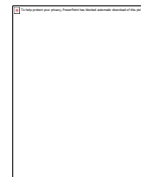
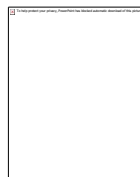
COVID-19 Special Topics for Today

1) Team Nursing Speakers: Inga Zadvinskis & Jen Dean

- Julie M. Powell, DNP student (@ OSU) MSN, RN, AGCNS-BC, Instructor, Michigan State University, College of Nursing
- Betty Buck-Maxwell, DNP student (@ University of Detroit Mercy) MSN, RN, Instructor, Michigan State University, College of Nursing

2. Delegation Speaker: Cindy Beckett

- Jackeline Isler, DNP, RN, MSN, ACNS-BC, CNE, Assistant Professor, Michigan State University, College of Nursing





Learning Objectives

By the end of the session,
participants will:

- 1) Identify the outcomes of team nursing as a model of care.
- 2) Explain how ICUs can adapt team nursing and delegation during a pandemic with limited staff resources.





Let's review from the April 8th webinar...



Image by Sasin Tipchai from Pixabay.

ICU Staffing During Pandemic or Disasters

Levels of Evidence Synthesis Table

Developed by Linda Connor, PhD, RN, CPN, EBP-C & Molly McNett, PhD, RN, CNRN, FNCS, FAAN (04-08-20)

	1	2	3	4	5
	Society for Critical Care Medicine, 2020 (Halpern & Tan, 2020)	Department of Defense, 2020 (Matos & Chung, 2020)	CHEST Consensus Statement (Hick et al., 2014)	CHEST Consensus Statement (Einay et al., 2014)	Sandrock et al., 2010
Level I: Systematic review or meta-analysis					
Level II: Randomized controlled trial (RCT)					
Level III: Controlled trial without randomization					
Level IV: Case-control or cohort study					
Level V: Systematic review of qualitative or descriptive studies					
Level VI: Qualitative or descriptive study, CPG, Lit Review, QI or EBP project					
Level VII: Expert opinion	X	X	X	X	X



Pandemic Staffing Models Synthesis of Evidence

ICU Staffing During Pandemic, Disaster and Crisis Conditions

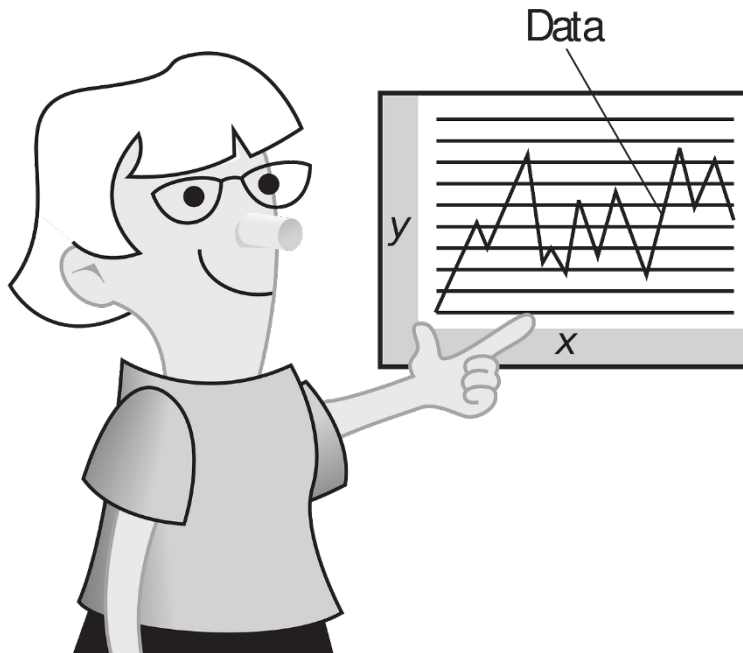
Developed by Linda Connor, PhD, RN, CPN, EBP-C & Molly McNett, PhD, RN, CNRN, FNCS, FAAN (04-08-20)

	Society for Critical Care Medicine, 2020 (Halpern & Tan, 2020)	Department of Defense, 2020 (Matos & Chung, 2020)	CHEST Consensus Statement (Hick et al., 2014)	CHEST Consensus Statement (Einay et al., 2014)	Sandrock et al., 2010
Adopt a Care Team Model	✓	✓	✓	✓	✓
Expand Clinician Expertise	✓	✓	✓		✓
Use Tiered Staffing	✓	✓			

Legend: ✓ = Recommended practice



Recommendations for Intensive Care Unit (ICU) Staffing in Pandemic, Disaster and Crisis Conditions



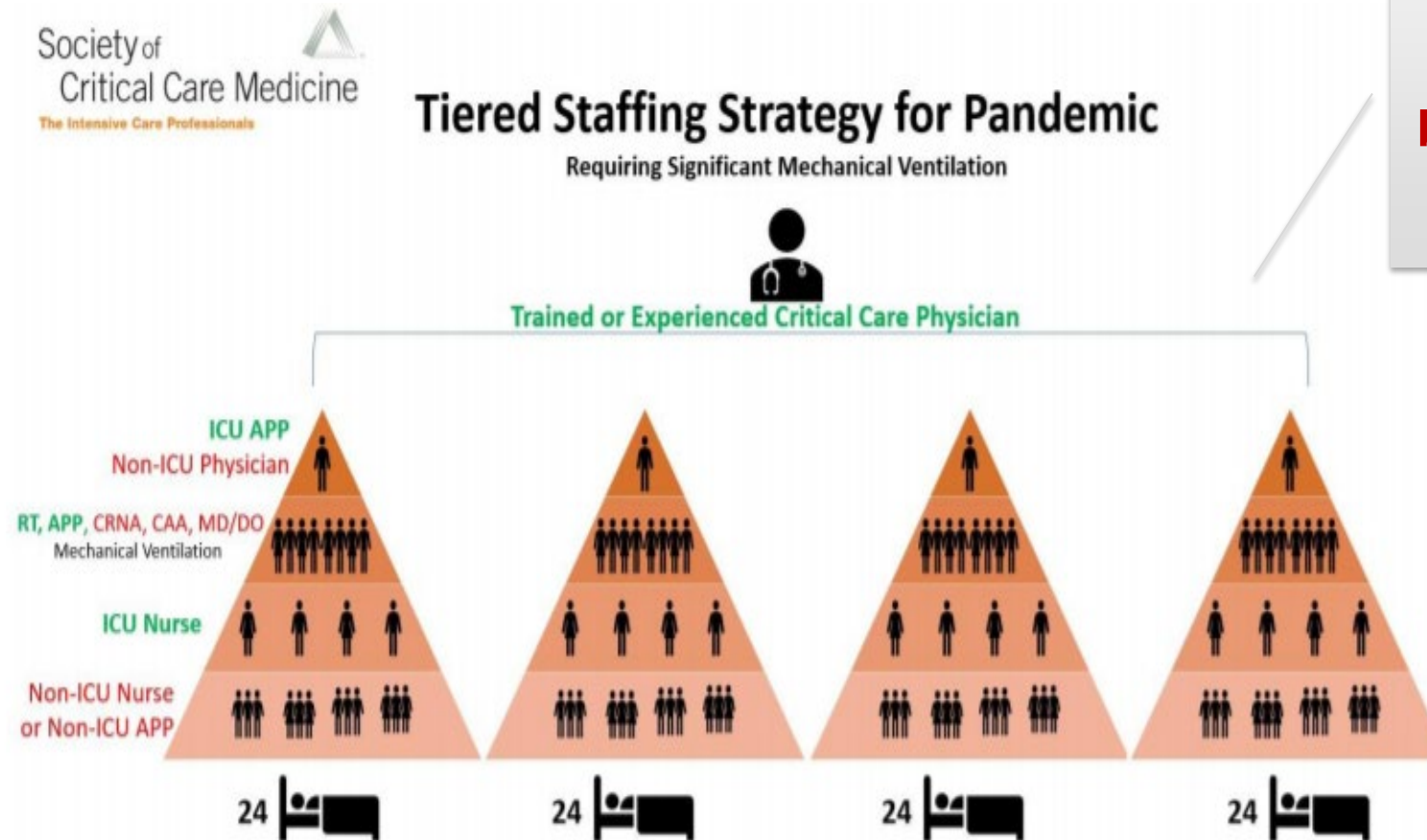
Based on the evidence,
recommendations for practice were:

- Implement a care team model
- Expand clinician expertise
- Use a tiered staffing strategy



Pandemic Staffing Model

Green =
Standard
care; ICU
experts
Red =
Pandemic
care; non-
ICU staff



**This is a tiered,
care team model
based on clinician
expertise**



Spirit of Inquiry

Colleagues are wondering....

*Is there any evidence about **team nursing** as a staffing strategy?*



Image by Peggy und Marco Lachmann-Anke from Pixabay.



Definitions

Team Nursing**Primary Nursing****Pt. Allocation
Model (Total
Patient Care)****Functional
Nursing****Definition**

Team leader allocates the work to team members and is responsible for total nursing care

Individual nurse has 24-h total nursing responsibility for patients for their entire stay

Individual nurse cares for a small number of patients for one shift.

Charge nurse assigns individual tasks

Characteristics

- Group tasks
- Various skill levels
- Various scopes of practice

- Delegates responsibility when off duty

- Provides all care for an individual patient

- Divide work into tasks
- Allocate depending on skills

Leader

Experienced Nurse

Primary Nurse

Bedside Nurse

Charge Nurse

**Time responsible
for care**

One shift

24/7 (during hospitalization)

One shift

One shift

Accountability

All; Shared

Primary Nurse
(who delegates)

Bedside Nurse

Charge Nurse

of Patients

12-18/team

10-20 (varies)

5-6/RN

All/Charge RN

Citations

Carlsen & Mallery, 1981, Cioffi & Ferguson, 2009; Ferguson & Cioffi, 2011; Havaei, et al., 2019; Hancock, et al, 1984; Hayman, et. al 2008; Wu. et al,

Butler, et al, 2019, Manthey & Kramer, 1970; Ciske, 1974

Fernandez, et al., 2012

Mäkinen, et al, 2003; Nagi, 2012



Image by Mohamed Hassan from Pixabay

Definitions

- **Team nursing:** A team of nurses & staff members (with various skill levels and scopes of practice) care for a large group of patients for one shift (Fernandez et al., 2012; Havaei et al., 2019)
- **Patient allocation model:** One nurse cares for a small number of patients for one shift (Fernandez et al., 2012)
- **Primary nursing:** A named nurse is responsible for coordinating care for the entirety of a patient's admission (Rantanen, 2016)



Team Nursing

Nurse Manager

Team 1
RN Leader
2 RNs
1 LPN
2 PSAs

Team 2
RN Leader
2 RNs
1 LPN
2 PSAs

Assigned
Patient
Group

Assigned
Patient
Group



Patient Allocation Model

Nurse Manager

RN

RN



RN

RN



PSA



Primary Nursing



1969; U of MN



Image by Ciker-Free-Vector-
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Image by OpenClipart-Vectors from Pixabay

Associate
nurses
provide
care when
primary
nurse is
off-duty

Primary Nurse
has 24-hour
responsibility for
planning,
directing &
evaluating patient
care

Physicians
& other
inter-
profession
als

**Patient
Caseload**





Levels of Evidence & Research Design

Level of Evidence	Study Design
I	Systematic review or meta-analysis
II	Randomized controlled trial
III	Controlled trial without randomization
IV	Case-control or cohort study
V	Systematic review of qualitative or descriptive studies
VI	Qualitative or Descriptive study, Clinical Practice Guideline, Literature Review, QI or EBP project
VII	Expert opinion



PICOT Question

In hospitals (**P**), how does team nursing (**I**) compared to other care models (**C**) affect outcomes (**O**)?



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	PICOT Elements	Content
P	Population of Interest	Hospitals
I	Intervention	Team nursing
C	Comparison of Interest	(other nursing care models)
O	Outcome	Outcomes



Clarification:

- Focus on team nursing
 - NOT interprofessional teams
 - NOT teamwork
- Acute care, hospital setting
 - NOT community, ambulatory, outpatient, or inpatient perioperative services (pre-op, surgery, post-op), non-nursing disciplines, urgent care
 - AND Emergency Department (ED) because COVID-19 patients enter through ED

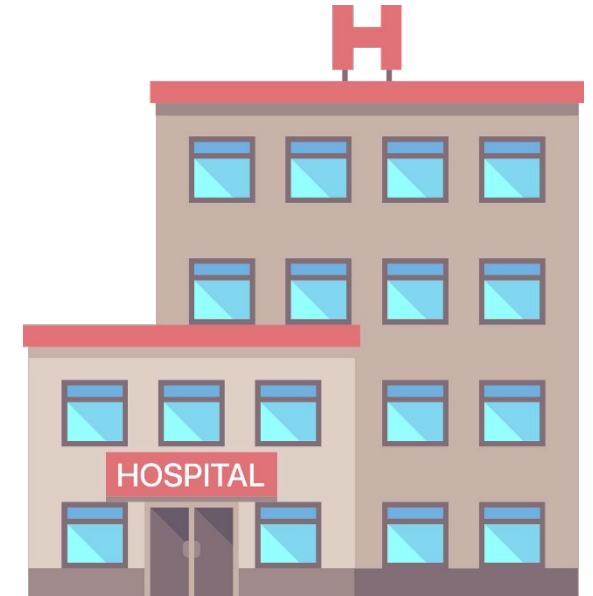


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Database Searches for “Team Nursing”

Database Name	Keywords, Boolean Operators, Limits (if any)	# of Hits	# that matched PICOT
CINAHL	"team nursing care delivery model" AND "outcomes"	390	13
Cochrane	a. “team nursing”; b. “nursing models of care”	a. 2; b. 110	a. 0; b. 1
SCOPUS	“team nursing”	661	31
Trip Pro	“team nursing”	154	2 (duplicates)
Joanna Briggs Institute	“team nursing”	9	1
Clinical Key	“team nursing”	8	4
Eric	“team nursing”	59	0
PsycINFO	team nursing care delivery model AND outcomes (English language, academic journals)	97	0
Web of Science	“team nursing”	72	6
PubMed	"team nursing" (Full text, human subjects, English language, Review, Comparative study, clinical trial, clinical study, and case report)	179	15



Levels of Evidence Synthesis Table

In hospitals (P), how does team nursing (I) compared to other care models (C) affect outcomes (O)?

Level of Evidence & Study Design	1	2	3	4	5	7	8	9	10	11	12	13	15	18	19	20	22	24	25	28	29	30	35	37	38	40	41	#
	Bakon	Barkell	Butler	Carlson	Cioffi	Clinton	Dickerson	Dobson	Downs	Fairbrother	Ferguson	Fernandez	Gardner	Hancock	Havæi	Hayman	King	Mäkinen (2003, July)	Mäkinen (2003, Sept)	Murphy	Nagi	O'Connell	Ryan	Sjetne	Swartz	Winslow	Wu	
Level I: Systematic review or meta-analysis																												0
Level II: Randomized controlled trial																												0
Level III: Controlled trial w/o randomization										X		X SR (14)											X					3
Level IV: Case-control or cohort study																												0
Level V: Systematic review of qualitative or descriptive studies	X (16)		X (17)														X (3)											3
Level VI: Qualitative or descriptive study, Clinical Practice Guideline (CPG), Lit Review, QI or EBP project		X		X	X		X	X			X		X	X	X	X		X	X	X		X		X		X	X	17
Level VII: Expert opinion						X			X												X				X			4
	Total # of keeper studies related to team nursing																									27		

Note. SR = Systematic Review. The number in parentheses indicates the number of studies in the SR.

Studies are not in numerical order because we deleted studies 6,14,16,17,21,23,26,27,31,32,33,34,36,39 due to quality concerns or non-match to PICOT question.



Synthesis Table: Patient Outcomes of Team Nursing Model of Care

	1	2	3	4	5	8	9	12	13	28	40	41
Author's Last Name	Bakon	Barkell	Butler	Carlsen	Cioffi	Dickerson	Dobson	Ferguson	Fernandez	Murphy	Winslow	Wu
Level of Evidence	VI	VI	SR(17) (V)	VI	VI	VI	VI	VI	SR(14) (III)	VI	VI	VI
Adverse events	↔								↔			
Falls							↓		C ^d		↔	
Length of Stay	↓											
Medication errors							↓		↔ ^d			
Pain scores		↑		↓					↓ ^c			
Patient Satisfaction/ Communication	↔				↑	↑	↑	↔	↑	↔	↔	↔
Pressure ulcers/injury							↓		↔		↔	
Infection rates			↔ ^c						↔ ^c			
Seclusion & Restraints									↓ ^c			
VTE											↔	
Mobility											↓	
Contact with Nurses					↑			↑			↓	

LEGEND: SR = Systematic review; ↔ = No difference; C= conflicting evidence; c = one study; d = two studies

Table 2b. Synthesis Table: Nurse Outcomes (of Team Nursing)

	1	2	3	4	5	8	9	11	12	13	19	20	22	24	25	28	29	30	35	37	40	41
	Bako n	Bark ell	Butler SR (17) (V)	Carlse n	Cioffi	Dick erson	Dobs on	Fair- brother	Fergus- son	Fernan- dez SR(14) (III)	Ha vae i	Hayma n	King SR(3) V	Mak- inen	Mak- inen	Murph y	Nagi	O'C onne ll	Ryan	Sjetne	Winsl ow	Wu
LOE	VI	VI	SR (17) (V)	VI	VI	VI		III	VI	SR(14) (III)	VI	VI	SR(3) V	VI	VI	VI	VII	VI	III	VI	VII	VI
Document- ation		↑								↑ ^e					↓							
Satisfaction				↔				↑		C ^d		↓	↔		↓	↔			↓		↔	↔
Attrition/ Turnover	↓		UN ^a				↔	↓		↔		↔				↓					↔	
Patient load												↑										
Break coverage									↑										↑			
Relationship w/ allied health					↑				↑	↑ ^c					↑			↑	↓			
Relationship w/ physicians					C		↑			↑ ^c								↑				
Patient contact with nurses					↑		↑		↑													
Missed care					↓													↑				
Perceived pt. safety					↑				↑		↔											
Perceived quality of care					↑				↑		↔									↔		
Perceived continuity of care						↑												↑				
Perceived responsibility/ accountability				↔	↑	↑					↓				↓							
Availability of mentor support				↑		↑																
Availability of leadership/ senior support										↓					↓	↑						
Role clarity										↑ ^c	↓							↓	↓			
Partnership w/ discharge planning										↑ ^c												
Professional development										↑ ^c								↑				
# of health complaints										↓												
Absenteeism			↔ ^c							↔ ^d		↔				↓						
Staff commun- ication							↑			↑ ^c	↔ ^c					C						
Stress									↑				↔	↔								

LEGEND: UN= Unknown; C = Conflicting evidence; ↔ = No (statistical) difference; ^a = Low certainty of evidence and serious risk of bias and imprecision.

^b = low certainty of evidence and very serious risk of bias; ^c = one study; ^d = two studies; ^e = 3 out of 4 studies; ^f = 6 studies

Synthesis Table:
Nurse Outcomes
of Team Nursing©



Synthesis Table: Organizational Outcomes of Team Nursing

	2	3	9	13	15	18
	Barkell et al. (2002)	Butler et al. (2019)	Dobson et al. (2007)	Fernandez et al. (2012)	Gardner & Tilbury (1991)	Hancock et al. (1984)
Level of Evidence	VI	V SR(17)	VI	III SR(14)	VI	VI
Cost	↔	C ^b	↑	↓ ^d ↔ ^c	↑	↓
Length of Stay	↔			↔ ^c		
Quality of Patient Care				C		

LEGEND: SR = Systematic Review. The number in parentheses indicates the quantity of studies in the SR; C = Conflicting evidence;

^b = Low certainty of evidence and very serious risk of bias; ^c = one study; ^d = two studies;

Studies are not in numerical order because studies that did not address organizational outcomes are deleted.



Synthesis Table: Qualitative Themes about Team Nursing

	5	12
	Cioffi & Ferguson (2009)	Ferguson & Cioffi (2011)
Benefits of team nursing	✓	
Team approach	✓	
Team effectiveness	✓	
Increased responsibility	✓	
Availability of support	✓	
Engagement with multidisciplinary team	✓	
Adapting to team nursing		✓
Gains with team nursing		✓
Concerns with team nursing		✓

LEGEND: ✓ = present



Synthesis Table: Members of Team Nursing

	4	7	9	10	18	19	25	28	30	40
	Carlsen & Malley (1981)	Dahlke & Baum-busch (2015)	Dobson et al. (2007)	Downs & Hoil, (2004)	Hancock et al. (1984)	Havaei et al. (2019)	Mäkinen et al. (2003)	Murphy et al., (1994)	O'Connell et al., (2006)	Winslow et al. (2019)
Level of Evidence	VI	VI	VI	VII	VI	VI	VI	VI	VI	VII
RN (BSN)	✓	✓				✓				
RN (Non- BSN)	✓	✓				✓			✓	
RN (Not specified)			✓	✓	✓		✓	✓		✓
LPN	✓	✓	✓		✓	✓	✓	✓		
Unlicensed Personnel (PSA, NA, ULP, USA)		✓	✓		✓			✓	✓	

LEGEND: ✓ = present; PSA= Patient Support Assistant; NA=Nurse's Aide, ULP = Unlicensed personnel; USA = Unit Service Assistant



Delegation for Nurses

Delegate when:

- Patient is stable
- Task is within worker's job description
- You're able to teach and supervise
- You've planned how to monitor

Don't Delegate when:

- Thinking, complex assessment, and judgement are required
- There is an unpredictable outcome
- Increased risk of harm
- Creativity and problem-solving are required

Delegation Steps:

1. Assess and Plan
2. Communicate
3. Ensure Surveillance and Supervision
4. Evaluate and Give Feedback

5 Rights of Delegation:

1. Right Task
2. Right Situation
3. Right Worker
4. Right Direction and Communication
5. Right Teaching, Supervision and Evaluation

Source: Rosalinda Allaro-LeFevre - Critical Thinking, Clinical Reasoning, and Clinical Judgement, 6th ed

Delegation During COVID-19/Disasters

Cindy Beckett, PhD, RNC-OB, LCCE, LSS-BB, CHRC, EBP-C



Delegation Terminology

- **Delegation:** The process by which responsibility & authority are transferred to another individual
- **Responsibility:** An obligation to accomplish a task
- **Accountability:** The act of accepting ownership for the results or lack thereof



Image by Gerd Altmann from Pixabay

Bateman, (June 1990), Rocchiccioli, (1998), Sullivan (2004), ANA (2012)



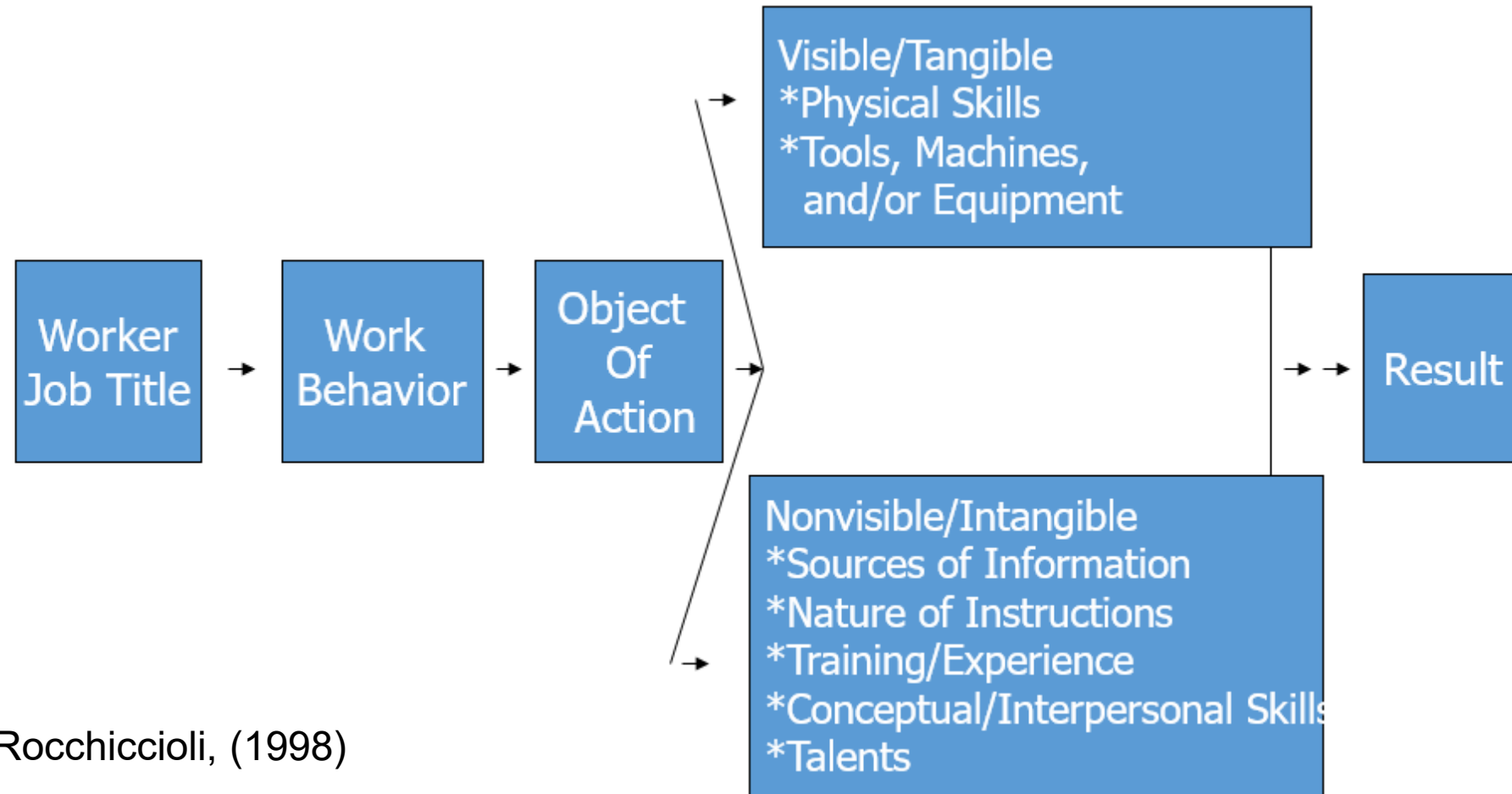
Decision to Delegate

- Determination of the task, procedure, or function that is to be delegated
- Available staff
- Assessment of patient needs
- Assessment of the potential delegatee's competency
- Consideration of the level of supervision available and determination of the level and method of supervision required to assure safe performance
- Avoidance of delegating practice-pervasive functions of assessment, evaluation, and nursing judgment
- **You can delegate only those tasks for which you are responsible**

Bateman, (June 1990), Rocchiccioli, (1998), Sullivan (2004), ANA (2012)



Functional Job Analysis Task Statement



Rocchiccioli, (1998)



Delegation Accountability

- The transferring to a competent individual the authority to perform a selected nursing task in a selected situation. The nurse retains accountability for the delegation.

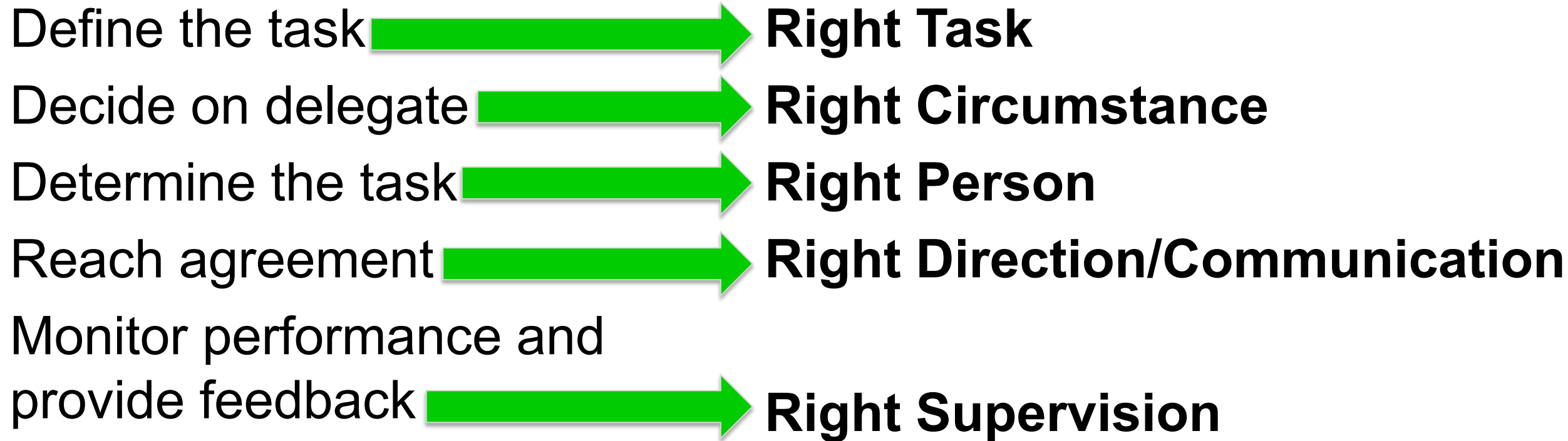
Bateman, (June 1990), Rocchiccioli, (1998),
Sullivan (2004), ANA (2012)



Make sure to
have a clear
description and
expectation of
the task and
outcome



Five Steps of Delegation





Legally Safe Delegation

- ❖ Under-, over- and inappropriate delegation
- ❖ Legal responsibility for the RN to delegate a task
 - RN to RN
 - RN to non-RN professional
 - RN to unlicensed personnel
- ❖ Scope of practice/Nurse Practice Act in your state
 - National standards of care
 - American Nurses Association
 - Other national organizations
- ❖ Employer's statements including job descriptions, competencies, policies & procedures. UAP has training
- ❖ UAP has demonstrated capability/competencies for task assigned
- ❖ RN provides supervision and feedback

Bateman, (June 1990), Rocchiccioli, (1998), Sullivan (2004), ANA (2012)



PICOT

In hospitals (P), how does delegation (I), compared to a patient allocation nursing model (C), affect outcomes(O)?



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Search Strategies

Databases	Search Strategies	Search Articles	Keeper Articles
CINHAL	delegat*, nurs*, inpatient or acute or hospital or ward or unit	609	16
PubMed	((nurs*) AND delegate*) AND hospital	616	18
Joanna Briggs	nurs*, delegat*	67	3
Eric	Delegation nursing, nurs*, hospital, delegat*	0	0
Cochrane	Delegation nursing, nurs*, hospit*, delegat*	3 12 Systematic Reviews/32 Clinical Trials	0
Scopus	Delegation nursing, nurs*, hospit*, delegat* Filters: Nursing, English	621/103 after filters applied	23/3 duplicates
Web of Science	Delegation nursing, nurs*, hospit*, delegat*	0	0
Psychiatric Info	Delegation nursing, nurs*, hospit*, delegat* Filters: Nursing, English	97/4 after filters applied	0



Synthesis Table: Levels of Evidence

Levels of Evidence	40	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61
Level I: Systematic review or meta-analysis																					
Level II: Randomized controlled trial																					
Level III: Controlled trial without randomization																					
Level IV: Case-control or cohort study																					
Level V: Systematic review of qualitative or descriptive studies							X														
Level VI: Qualitative or descriptive study (includes evidence implementation projects)	X	X	X	X	X	X		X	X	X	X		X	X	X	X	X	X	X		
Level VII: Expert opinion or consensus												X								X	X

Legend: 40= Winslow, 2019; 42= Allan, 2016; 43= Allan, 2015; 44= Bellury, 2016; 45= Gould, 1996; 46= Harvey, 2018; 47= Hopkins, 2011; 48= Hopkins, 2012; 49= Johnson, 2015; 50= Magnusson, 2017; 51= McCloskey, 1996; 52= Moola, 2019; 53= Nzinga, 2019; 54= Pittman, 2015; 55= Roche, 2016; 56= Salmond, 1995 Part 1; 57= Salmond, 1995 Part 2; 58= Saqer, 2018; 59= Wagner, 2018; 60= ANA, 2012; AMSA, 2018.

Synthesis of the Outcomes of Educational Interventions on Delegation

	40 Mixed Method	52	53 Mixed Method	55	56	57	58	59 Mixed Method
Levels of Evidence	VI	VII	VI	VI	VI	VI	VI	VI
Delegation knowledge	↑	↑			↑	↑	↑	
Delegation competency		↑			↑	↑	↑	
Decision-making	↑	↑			↑	↑	↑	
Nurse Satisfaction	↑	↑	↑	↑		↑		
Effective/proper delegation		↑			↑	↑		
Confidence in delegation skills		↑					↑	
Communication skills		↑			↑			
Respect	↑					↑		
Falls	↓							↓
Pressure injury	↓							C
Patient Satisfaction	↑		↑			↑		C
Missing tasks			↓	↓	↓		↓	
Delayed tasks			↓	↓	↓		↓	

Legend: 40= Winslow, 2019; 52= Moola, 2019; 53= Nzinga, 2019; 55= Roche, 2016; 56= Salmond, 1995 Part 1; 57= Salmond, 1995 Part 2; 58= Saqer, 2018; 59= Wagner, 2018

Decreased = ↓ Increased = ↑ C= no difference

Synthesis of Themes of Educational Interventions on Delegation

	40 Mixed Method	53 Mixed Method	54	59 Mixed Method
Levels of Evidence	VI	VI	VI	VI
Delegation knowledge deficits		↑	↑	↑
Delegation competency			↑	↑
Role knowledge/tasks	↑		↑	↑
Supervision issues/strategies	↑		↑	↑
Mindful communication techniques	↑	↑	↑	↑
Delegation decision-making	↑	↑	↑	↑

Legend: 40= Winslow, 2019; 53= Nzinga, 2019; 54= Pittman, 2015; 59= Wagner, 2018

Decreased = ↓ Increased = ↑



Synthesis of the Delegation Education Content

	40	52	53	54	55	56	57	58	59	60	61
Levels of Evidence	VI	VII	VI	VI	VI	VI	VI	VI	VI	VII	VII
Clear Role Description	X	X	X	X	X	X	X	X	X	X	X
Communication techniques	X	X	X	X	X	X	X	X	X	X	X
Accountability	X	X	X	X		X	X	X	X	X	X
Decision – making	X	X	X	X	X	X	X	X	X	X	X
Type of task	X	X	X	X	X	X	X	X	X	X	X
Supervision skills and evaluation	X	X	X	X	X	X	X	X	X	X	X
Delegation competency		X		X				X	X	X	X

Legend: 40= Winslow, 2019; 52= Moola, 2019; 53= Nzinga, 2019; 54= Pittman, 2015; 55= Roche, 2016; 56= Salmond, 1995 Part 1;
57= Salmond, 1995 Part 2; 58= Saqer, 2018; 59= Wagner, 2018; 60= ANA, 2012; 61= AMSN, 2018.



Synthesis of the Delegation Team Members

	40	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61
Levels of Evidence	VI	VI	VI	VI	VI	VI	V	VI	VI	VI	VI	VII	VI	VI	VI	VI	VI	VI	VI	VII	VII
RN to RN												X	X	X		X	X				
RN to ULP	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
APRN to RN							X					X									

ULP= un-licensed personnel

Legend: 40= Winslow, 2019; 42= Allan, 2016; 43= Allan, 2015; 44= Bellury, 2016; 45= Gould, 1996; 46= Harvey, 2018; 47= Hopkins, 2011; 48= Hopkins, 2012; 49= Johnson, 2015; 50= Magnusson, 2017; 51= McCloskey, 1996; 52= Moola, 2019; 53= Nzinga, 2019; 54= Pittman, 2015; 55= Roche, 2016; 56= Salmond, 1995 Part 1; 57= Salmond, 1995 Part 2; 58= Saqer, 2018; 59= Wagner, 2018; 60= ANA, 2012; 61= AMSN, 2018.



Synthesis of Characteristics of Delegation

	40	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61
Levels of Evidence	VI	VI	VI	VI	V	VI	VI	VI	VI	VII	VI	VI	VI	VI	VI	VI	VI	VII	VII
Right Task	X		X	X		X			X	X	X	X	X	X	X	X	X	X	X
Right Circumstance	X			X		X				X		X		X	X		X	X	X
Right Person	X	X		X		X				X	X	X	X	X	X			X	X
Right Direction/Communication	X	X				X		X		X				X	X	X	X	X	X
Right Supervision	X					X	X			X				X	X			X	X
Time Management							X									X			

Legend: 40= Winslow, 2019; 44= Bellury, 2016; 45= Gould, 1996; 46= Harvey, 2018; 47= Hopkins, 2011; 48= Hopkins, 2012; 49= Johnson, 2015; 50= Magnusson, 2017; 51= McCloskey, 1996; 52= Moola, 2019; 53= Nzinga, 2019; 54= Pittman, 2015; 55= Roche, 2016; 56= Salmond, 1995 Part 1; 57= Salmond, 1995 Part 2; 58= Saqer, 2018; 59= Wagner, 2018; 60= ANA, 2012; 61=AMSN, 2018.

Synthesis of the State Laws/Scope of Practice of Delegation

Example Board of Nursing Statements	AZ	CA	MI	NCSBN	NY	OH	TX	WI
Employer/agency delegation policies and procedures, nurse leadership, training and education, communication, evaluation and promote positive work/culture environment.	X			X	X			
Nurse Responsibilities: Determine patient needs and when to delegate; ensure availability to delegatee; evaluate outcomes of and maintain accountability for delegated responsibility.	X	X	X	X	X	X	X	X
Nurse may delegate only the implementation of a task/activity , such as teaching activities based on education, skills, experience of the staff (Assessment, planning evaluation, and nursing judgement CANNOT be delegated.	X	X	X	X	X	X	X	X
The RN and LPN delegate to UAP/LNA based upon the condition of the patient , the competence of all members of the nursing team and the degree of supervision that will be required of the nurse if a task is delegated.	X	X	X	X	X	X	X	X
Delegatee Responsibilities: Accept activities based on own competence level; maintain competence for delegated responsibility; and maintain accountability for delegated activity.	X	X		X	X	X	X	
Communication must be a two-way process. It should be clear, correct and complete. UAP/LNA should have the opportunity to ask questions and/or request clarification of expectations. The nurse uses critical thinking and professional judgment when following the Five Rights of Delegation to be sure that any delegation is: the right task, under the right circumstances, to the right person, with the right directions and communication, and under the right supervision and evaluation.	X	X	X	X	X	X	S,	X

NCSBN= National Council of State Boards of Nursing

Legend: AZ=Arizona State Board of Nurses, 2019; CA=California Board of Registered Nurses, 2020; MI=Michigan Legislature (1978); National Council of State Boards of Nursing 2016/2019); NY=NYSED.gov, Office of Professions (2020); OH= Ohio Board of Nurses, 2020; TX= Texas Board of Nurses, 2020; WI=Board of Nurses, 1995



Objective 2

Presented by *Jennifer Dean, DNP, RN, APRN, AGACNP-BC, EBP-C*

Explain how ICUs can adapt team nursing and delegation during a pandemic with limited staff resources





Recommendations for Team Nursing and Delegation During a Pandemic



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- Assign an *experienced* clinician as a team leader (Bakon, 2016)
- Mentor inexperienced staff (Winslow, 2019)
- Follow the 5 rights of delegation (ANA, 2012)
- Consider skill mix and competency of team members (Dobson, 2007)
- Collaborate (Dobson, 2007)



Team Nursing for Human Resource Allocation

- Ideal model for inexperienced staff to develop skills (Fernandez et al., 2012)
- Maximizes staff members skill and experience (O'Connell et al., 2006; Winslow et al., 2019)
- Exchange of knowledge and skill (O'Connell et al., 2006)



Team Nursing and Delegation

	4	7	9	10	18	19	25	28	30	40
	Carlson & Malley (1981)	Dahlke & Baum-busch (2015)	Dobson et al. (2007)	Downs & Hoil, (2004)	Hancock et al. (1984)	Havaei et al. (2019)	Mäkinen et al. (2003)	Murphy et al., (1994)	O'Connell et al., (2006)	Winslow et al. (2019)
Level of Evidence	VI	VI	VI	VII	VI	VI	VI	VI	VI	VII
RN (BSN)	✓	✓				✓				
RN (Non- BSN)	✓	✓				✓			✓	
RN (Not specified)			✓	✓	✓		✓	✓		✓
LPN	✓	✓	✓		✓	✓	✓	✓		
Unlicensed Personnel (PSA, NA, ULP, USA)		✓	✓		✓			✓	✓	

LEGEND: ✓ = present; PSA= Patient Support Assistant; NA=Nurse's Aide, ULP = Unlicensed personnel; USA = Unit Service Assistant

	40	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61
Levels of Evidence	VI	VI	VI	VI	VI	VI	V	VI	VI	VI	VI	VII	VI	VI	VI	VI	VI	VI	VI	VII	VII
RN to RN												X	X	X		X	X				
RN to ULP	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
APRN to RN							X					X									

ULP= un-licensed personnel

Legend: 40= Winslow, 2019; 42= Allan, 2016; 43= Allan, 2015; 44= Bellury, 2016; 45= Gould, 1996; 46= Harvey, 2018; 47= Hopkins, 2011; 48= Hopkins, 2012; 49= Johnson, 2015; 50= Magnusson, 2017; 51= McCloskey, 1996; 52= Moola, 2019; 53= Nzinga, 2019; 54= Pittman, 2015; 55= Roche, 2016; 56= Salmond, 1995 Part 1; 57= Salmond, 1995 Part 2; 58= Saqer, 2018; 59= Wagner, 2018; 60= ANA, 2012; 61= AMSN, 2018.



Role Delineation in Team Nursing

- Define roles clearly
(Nagi et al., 2012; O'Connell et al., 2006)
- Why? Some studies show that team nursing:
 - **Decreases** role clarity
(Havaei, et al., 2019; O'Connell et al., 2006; Ryan et al., 1988)



Image by Anemone123 from Pixabay

Synthesis of the Outcomes of Educational Interventions on Delegation

	40 Mixed Method	52	53 Mixed Method	55	56	57	58	59 Mixed Method
Levels of Evidence	VI	VII	VI	VI	VI	VI	VI	VI
Delegation knowledge	↑	↑			↑	↑	↑	
Delegation competency		↑			↑	↑	↑	
Decision-making	↑	↑			↑	↑	↑	
Nurse Satisfaction	↑	↑	↑	↑		↑		
Effective/proper delegation		↑			↑	↑		
Confidence in delegation skills		↑					↑	
Communication skills		↑			↑			
Respect	↑					↑		
Falls	↓							↓
Pressure injury	↓							C
Patient Satisfaction	↑		↑			↑		C
Missing tasks			↓	↓	↓		↓	
Delayed tasks			↓	↓	↓		↓	

Legend: 40= Winslow, 2019; 52= Moola, 2019; 53= Nzinga, 2019; 55= Roche, 2016; 56= Salmond, 1995 Part 1; 57= Salmond, 1995 Part 2; 58= Saqer, 2018; 59= Wagner, 2018

Decreased = ↓ Increased = ↑ C= no difference



Delegation Education Content

	40	52	53	54	55	56	57	58	59	60	61
Levels of Evidence	VI	VII	VI	VI	VI	VI	VI	VI	VI	VII	VII
Clear Role Description	X	X	X	X	X	X	X	X	X	X	X
Communication techniques	X	X	X	X	X	X	X	X	X	X	X
Accountability	X	X	X	X		X	X	X	X	X	X
Decision – making	X	X	X	X	X	X	X	X	X	X	X
Type of task	X	X	X	X	X	X	X	X	X	X	X
Supervision skills and evaluation	X	X	X	X	X	X	X	X	X	X	X
Delegation competency		X		X				X	X	X	X

Legend: 40= Winslow, 2019; 52= Moola, 2019; 53= Nzinga, 2019; 54= Pittman, 2015; 55= Roche, 2016; 56= Salmond, 1995 Part 1;
57= Salmond, 1995 Part 2; 58= Saqer, 2018; 59= Wagner, 2018; 60= ANA, 2012; 61= AMSN, 2018.



Visual Image: Recommendations for Team Nursing and Delegation During a Pandemic

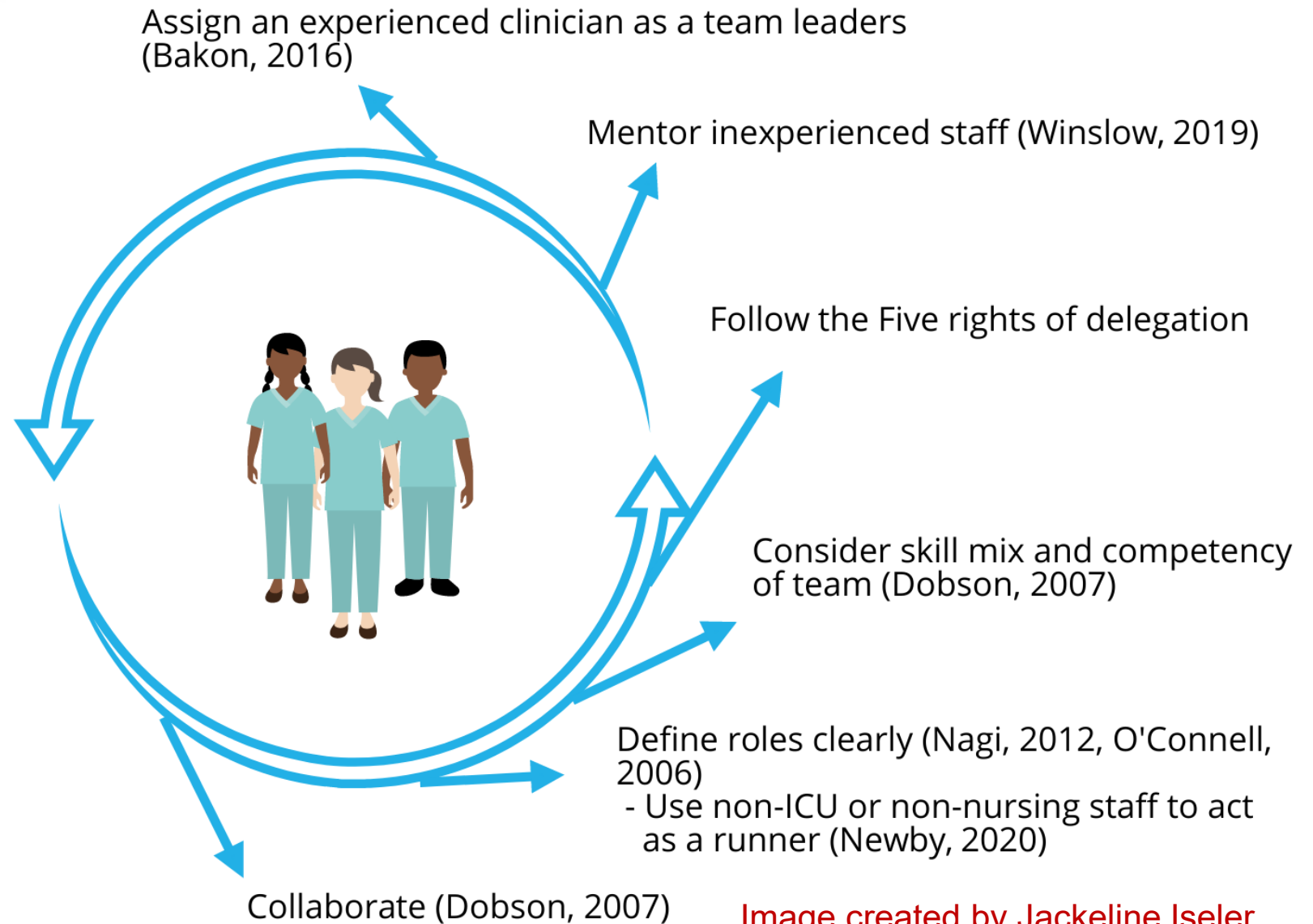


Image created by Jackeline Iseler



Resources for Rapidly Preparing Inexperienced Nurses During a Pandemic

- Review professional nursing websites for evidence-based content and quality
 - American Association of Critical-Care Nurses (AACN) website
<https://www.aacn.org/clinical-resources/covid-19>
 - American Nurses' Association website
<https://www.nursingworld.org/ana/>





Questions





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