

BOARD OF REGISTERED NURSING

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THE RN AS SUPERVISOR

Most RNs are aware of their responsibility to supervise care provided by subordinates and to use judgment in delegating functions to them; however, at times incidents in which this was not the case are brought to the attention of the Board. Such incidents usually fall into one of three categories: delegation of tasks beyond the competence of a worker, delegation of functions outside the legal scope of practice of a worker, or failure to assume responsibility when a worker questions the appropriateness of care to be provided. Consider your own performance in respect to these categories as they are discussed here.

In delegating tasks to a subordinate it is essential that the RN know the capability of the worker because, although a license authorizes the same scope of practice for all persons so licensed, not all licensees have the same type and amount of education and experience. The number of functions each may be competent to perform therefore, may vary. This means that RNs have an obligation to assure that subordinates are clinically competent to perform the functions delegated to them; otherwise, tragic consequences may ensue. For an example, in a skilled nursing facility a just-hired nursing assistant was assigned to feed a group of patients, one of whom could not swallow and was fed via a gastrostomy tube. No one had determined whether or not the assistant was competent to understand the patient's care plan and to perform the appropriate type of feeding. As a result the patient was fed by mouth and expired in the process. An initial evaluation of this assistant's skill would have shown that she was not yet competent to care for this patient.

Assessment of a worker's skills should take place at the start of the work relationship prior to assigning patients for care. Can the worker perform all areas of the established job description? If not, a remediation plan should be developed, and in the meantime assignments should be made with the worker's limitations in mind.

Delegation of functions outside the legal scope of practice of a worker may occur inadvertently. Many, but not all, nursing functions legally may be performed by certified nursing assistants (CNA), LVNs and RNs, and failure to recognize differences can result in problems. In one case which came to the attention of the Board an inappropriate assignment resulted in legal difficulties for both the involved RN and the subordinate, although fortunately in this case the patient was not harmed.

Failure to assume responsibility when a subordinate questions the appropriateness of care to be provided can lead to very serious consequences. While it is true that LVNs practice on their own licenses, RNs must recognize that by law LVNs practice under the direction of registered nurses (or physicians), and that when an LVN expresses doubt about proceeding with an order the RN must listen and assume responsibility for advising the LVN appropriately. In one case brought to the attention of the Board an LVN had read an insulin order as 150 units instead of 15 units because the abbreviation for units after the number 15 appeared to be a zero instead of a "u". She believed this to be an excessive dose and consulted with her RN team leader, who was busy and simply told her to give whatever the physician had ordered. Later it dawned on the RN also that 150 units was a questionable amount of insulin, but not before the wrong dose had been administered. In each case cited here the RN failed in the responsibility to supervise a subordinate and thereby exposed patients to harm. The RN for whom CNAs, LVNs, RNs **or others** receive their assignments or to whom they are accountable has supervisory duties; this is true **whether the work title is supervisor or something else**, such as team leader, charge nurse, or director of nurses, and the supervising RN has responsibility for the nursing care provided.

The BRN becomes involved in incidents such as those discussed here when complaints are communicated to its Law Enforcement Unit, usually by patients or their families, health care providers or health care agencies such as the Department of Health Services. Complaints are investigated to determine whether there is supporting evidence and if so appropriate action is taken to protect consumers of nursing care from harm.