4.14 Relate the delegation activities of direct care nurses to the requirements of the State Nurse Practice Act, other regulatory stipulations, and professional standards.

The Commonwealth of Massachusetts Nurse Practice Act (244 CMR 3.00) specifically addresses the delegation activities of the Registered Nurse and states that “a Registered Nurse may delegate designated nursing activities to other Registered Nurses or health care personnel provided that the nurse bear full and ultimate responsibility for making an appropriate assignment, for properly and adequately teaching, directing, and supervising the delegatee and for the outcomes of that delegation.”

Massachusetts General Law Chapter 112: Registration of Professions and Occupations Section 80 B states, “The practice of Registered Nurses shall include, but not be limited to: management, direction and supervision of the practice of nursing, including the delegation of selected activities to unlicensed assistive personnel.” (http://www.mass.gov/legis/laws/mgl/112-80b.htm)

The Commonwealth of Massachusetts Nurse Practice Act (OOD 4) states:

“The qualified licensed nurse (Registered Nurse/Practical Nurse) within the scope of his/her practice is responsible for the nature and quality of all nursing care that a patient/client receives under his/her direction. Assessment/identification of the nursing needs of a patient/client, the plan of nursing actions, implementation of the plan, and evaluation of the plan are essential components of nursing practice and are the functions of the qualified licensed nurse. The full utilization of the services of a qualified licensed nurse may permit him/her to delegate selected nursing activities to unlicensed personnel. Although unlicensed personnel may be used to complement the qualified nurse in performance of nursing functions, such personnel cannot be used as a substitute for the qualified licensed nurse.”

The Massachusetts Board of Registration in Nursing, through the Nurse Practice Act, further specifies criteria for delegation and defines activities which may or may not be delegated. The requirements for delegation include:

- The nurse delegating the activity is directly responsible for the nursing care given to the patient and the final decision as to what nursing activity can be safely delegated in any specific situation is within the scope of that nurse’s judgment.
- The nurse must make an assessment of the patient’s nursing care requirements prior to delegating the nursing activity.
The nursing activity must be one that a reasonable and prudent nurse would determine to be delegatable, would not require the unlicensed person to exercise nursing judgment and that can be properly and safely performed by the unlicensed person.

The unlicensed person should have documented competencies necessary for the performance of the task on file within the employing agency.

In the “Joint Statement on Delegation” the American Nurses Association and the National Council of State Boards of Nursing identify delegation as an essential nursing skill and describe the following Principles of Delegation that relate to activities of direct care nurses:

- The RN takes responsibility and accountability for the provision of nursing practice.
- The RN directs care and determines the appropriate utilization of any assistant involved in providing direct patient care.
- The RN may delegate components of care but does not delegate the nursing process itself. The practice pervasive functions of assessment, planning, evaluation, and nursing judgment cannot be delegated.
- The decision of whether or not to delegate or assign is based upon the RN’s judgment concerning 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 RN if a task is delegated.
- The RN delegates only those tasks for which he or she believes the other health care worker has the knowledge and skill to perform, taking into consideration training, cultural competence, experience and facility/agency policies and procedures.
- The RN individualizes communication regarding delegation to the nursing assistive personnel and verifies comprehension with the nursing assistive personnel and that the assistant accepts the delegation and the responsibility that accompanies it.
- The RN uses critical thinking and professional judgment when following the Five Rights of Delegation, to be sure that the delegation or assignment 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.
Massachusetts General Hospital complies with the Massachusetts Nurse Practice Act and the regulations set forth by the Massachusetts Board of Registration in Nursing guidelines for delegation and supervision, as well as the intent of the ANA/NCSBN Joint Statement on Delegation. The specific roles and responsibilities of the Registered Nurse are clearly described in the Staff Nurse Position Description. The Statement of Accountability policy addresses the scope of practice of the Department of Nursing as well as delegation and supervisory responsibilities of the Registered Nurse (attachment 4.14.a)

Education on delegation is included in orientation for both Registered Nurses (attachment 4.14.b) and Patient Care Associates (attachment 4.14.c). The orientation manual for Registered Nurses contains information on delegation including a summary of the Massachusetts Nurse Practice Act statements on delegation and how it relates to the role of the Staff nurse. Additionally, it describes the key elements of delegation in the form of the “Five Rights” and delineates the nurse’s accountability for care that is delegated (attachment 4.14 d). In addition to content on delegation, a discussion of teamwork and communication is also included to set the tone for the expected collaborative relationships among both professional and support staff caring for patients at MGH.
TITLE: STATEMENT OF ACCOUNTABILITY

POLICY:

The Department of Nursing is accountable for assuring that competent, compassionate nursing care is provided to all patients. A registered nurse on the staff of the Department of Nursing is accountable for the nursing care and for the coordination and implementation of the collaborative aspects of care for each patient.

Nursing care is prescribed by a registered nurse and may be delivered by a registered nurse or other nursing staff member.

The registered nurse assesses each patient and assigns care based on the needs of the patient and the qualifications and level of competence of nursing personnel. The registered nurse plans, supervises, and evaluates the nursing care of each patient.

The accountability for nursing care and for the outcomes of nursing intervention is retained by the registered nurse assigned to the patient at all times even when that care is provided by others.

Nursing care assignments are the responsibility of a registered nurse who has the knowledge and experience necessary to make those decisions.

Approved: Nursing Executive Committee 04/26/94
Reviewed and approved: Department of Nursing 7/00
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Reviewed and approved: Nursing Executive Operations 08/06
Effective Delegation: Strategies for the RN
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Course Objectives
• At the conclusion the RN will be able to:
  – Describe the “Five Rights of Delegation”
  – Discuss the role of the PCA and how it might be utilized on your unit
  – Discuss strategies for successful delegation

Definition of Delegation
• Transferring to a competent individual the authority to perform a selected nursing task in a selected situation

The Five “Rights” of Delegation
• The Right TASK
• The Right PERSON
• The Right CIRCUMSTANCES
• The Right COMMUNICATION
• The Right SUPERVISION & FEEDBACK

The Right TASK
Key Factors to Consider:
• Knowing PCA job description & skill set
• What tasks can be safely delegated?
• What is the care need of the patient?
• Who best meets that need?
• What criteria to consider in making the decision?

The Right CIRCUMSTANCES
Decision-Making Framework
• Potential for harm
• Complexity of nursing activity
• How stable is the patient right now and what else is happening on the unit
• Problem solving and innovation
• Predictability of outcome
• Extent of patient interaction
The Right TASK/Right CIRCUMSTANCES

• What CANNOT be delegated:
  – Any activity which requires professional
    • Knowledge
    • Judgment
    • Assessment
    • Specialized skill
    • Interventions
    • Evaluation of patient progress
    • Nursing process

The Right PERSON

• The right task to the right person performed on the right patient
  – Training
  – Competencies
  – Experience
  – Trust

Right TASK/Right PERSON

• At the beginning of the shift the following should be looked at as a unit:
  – What skills must be done by the RN?
  – What skills can be delegated to an unlicensed person (PCA)?
  – Who is working today?
  – What is the acuity of the unit as a whole?
  – Where/how can the PCA be best utilized?

Right TASK/Right PERSON

• The situation should be re-assessed throughout the shift to utilize staff in the most effective manner.

Position Description

• Unlicensed Assistive Personnel
  – Individuals who are trained to function in an assistive role to the professional RN in the provision of patient/client care activities as delegated by and under the supervision of the professional RN

Dimensions of Work: RN

• Highly specific work requiring formal education, specialized training or licensure
• Scientific thinking derived from professional knowledge base
• Planning
• Delegating
• Supervision
• Coordination of Services
• Specialized Interventions
Right COMMUNICATION

- Communicate CLEARLY & EFFECTIVELY
  - Who?
  - What?
  - When?
  - Where?
  - Why?
  - When you want feedback?

The Right COMMUNICATION

- Demonstrate cultural sensitivity in interactions with team members
- Think about the message you are sending with:
  - The tone, volume and cadence of your voice
  - Your body language
  - Your eye behavior

Right COMMUNICATION

- Ask for validation of understanding from the PCA regarding your request.
- Put the burden on yourself when asking for this, to avoid making the PCA feel offended.

The Right SUPERVISION

- Supervision: The active process of directing, guiding, and influencing the outcome of an individual’s performance of an activity.
- You must be comfortable to explain, demonstrate and mentor the PCA, explaining WHY things are done and WHAT you are looking for or are concerned about.

The Right SUPERVISION

- Monitoring
- Evaluating
- Intervening PRN
- Providing feedback

The Right FEEDBACK

- Feedback from the PCA to the RN regarding the delegated patient care:
  - Be clear about what information you are looking for and when you would like it
The Right FEEDBACK

- Feedback from the RN to the PCA regarding his/her performance or related to patient care issues
  - Positive feedback is appreciated and often forgotten
  - Negative feedback (see feedback model)

The Right FEEDBACK

- Timeliness of feedback
  - Especially if it’s negative, must be done ASAP to be effective

The Right FEEDBACK

- Important to make the PCA feel like a valued member of the team
- Respect and trust for each other as individuals and as caregivers is inherent in the success of the relations.

The Feedback Model

1. Describe the behavior
2. Describe the consequences of the behavior in terms of your own experience (“when you did… it made me feel…”)
3. State in positive terms what behavior would be more desirable in the future
4. Ask the receiver to repeat back what they heard and correct any misconceptions
5. Make a contract for future expectations

Criticism is always of the behavior, NOT the person

Good Communication Skills

- Are the KEY to effective delegation
- A busy workload, distraction and stress challenge our ability to communicate well

Barriers to Delegation

- Fear of negative outcome
- Risk aversion
- Trust
- Fear of loss of control
- Overcoming old habits
- Denial
Barriers to Delegation

- Resistance
- Super-martyr syndrome
- No role models
- Uncertain rules and regulations

Recipe for Success: Win/Win

- Delegate tasks to the PCA in situations that will utilize the skills they have been trained to perform.
- Include them in pertinent discussions, making them feel like a valued member of the patient care team.
- Relieve some of the burden experienced by the RN.

Questions???
The Role of the PCA
Massachusetts General Hospital
Patient Care Associate Orientation Program

Job Description
- Has completed high school education or equivalent
- Holds current certification as a nursing assistant (CNA) or a student nurse in a professional nursing program
- Works under the direction of a registered nurse (RN)
- Reports to Nurse Manager (NM)
- For complete job description refer to Nursing Policy Manual (NPM): 2.33.05

Job Description Overview
- Provide age appropriate patient care
- Promote a safe, compassionate patient care environment
- Meet patient, family and unit needs
- Maintain patient confidentiality
- Respect cultural background

General Responsibilities
- Provide direct care to patients
- Assist patients with ADLs
- Assist patients with bathing/hygiene
- Assist patients with ambulation

Job Description Overview
- Collect patient information and specimens
- Document care on approved forms
- Set up equipment
- Perform duties related to the PCA role that are delegated by an RN

General Responsibilities
- Collect patient information and specimens
- Take and record vital signs
- Perform and record blood glucose testing
- Record 12 lead ECG
- Perform phlebotomy and send blood to lab
- Collect and test stool for blood
General Responsibilities
- Document care on approved forms
- Record vital signs
- Record intake of fluid and food
- Record output of urine, stool, vomitus & drainage
- Record blood glucose results
- Document on constant observation and restraint flowsheets

General Responsibilities
- Promote a safe and comfortable environment
- Respond to call lights
- Make occupied and unoccupied beds
- Keep patient area clean and uncluttered
- Notify nurse of unsafe conditions, i.e. water on floor, strangers on unit
- Provide intermittent or constant observation of patients at risk for injury

General Responsibilities
- Equipment
  - Retrieve equipment from other areas
  - Clean equipment between patient use
  - Cardiac monitors
  - Tube feeding pump and tubing
  - Portable oxygen cylinder
  - Oxygen equipment (nasal prongs, masks, etc.)
  - Pulse oximeter and probe
  - Suction cassette liner system

General Responsibilities
- Meet patient, family and unit needs
- Respond to patient and family requests
- Monitor patients for safety and report changes to RN
- Seek RN assistance when necessary
- Perform duties appropriately delegated by RN
- Openly communicate and share observations with team
- Be available to help other team members

Site Specific Responsibilities
- On some units PCAs have additional responsibilities
  - Psychiatry: visibility rounds, etc.
  - Critical Care: Critical Care Tech skills
  - Orthopedics: CPM device
  - Burns: extensive wound: burn dressings
  - Vascular: PVR machine, doppler pulses
  - Specific general care units: urine dipstick testing

Teamwork
- Everyone is an important part of the team
- Goal is for all team members to work together
- Who is part of the team?
  - Nurse Manager (NM)
  - Clinical Nurse Specialist (CNS)
  - Operations Coordinator (OC)
  - Staff Nurse (RN)
  - Patient Care Associate (PCA)
  - Operations Associate (OA)
  - Unit Service Associate (USA)
  - Clinical Supervisor
Who is Part of the Team?

- Advanced Practice Nurse
- Clinical Nurse Specialist (CNS)
- Nurse Practitioner (NP)
- Certified Nurse Midwife (CNM)
- Certified Registered Nurse Anesthetist (CRNA)
- Patient Care Services Team
  - Physical Therapists
  - Occupational Therapists
  - Speech Language Pathologists
  - Respiratory Therapists
  - Social Workers
  - Chaplains

Who is Part of the Team?

- Non-Department of Nursing Staff
- Physicians
- Case Managers
- Environmental Services Aides
- Registered Dietitians
- Nutrition Service Coordinators
- Food Service Supervisors
- Pharmacists
- Volunteers

Teamwork

- What makes a good team member?

Characteristics of Effective Team Members

- Support goals of the team
- Provide open, honest, and accurate information
- Act in a positive and constructive manner
- Give praise and recognition when warranted
- Attend meetings regularly and promptly

Characteristics of Effective Team Members

- Bring problems to the team
- Maintain confidentiality
- Express opinions, both for and against
- Criticize ideas, not people
- Avoid defensiveness when fellow team members disagree with ideas

Lessons from the Geese

- Being There for Each Other
Delegation
• The RN asks a PCA to perform a patient care activity or task in an appropriate situation
• The RN uses the “Five Rights” of good delegation
  • Right task
  • Right person
  • Right circumstances
  • Right communication & direction
  • Right supervision

Right Task
• Task falls within the role of the PCA
• PCA has been trained to do the task
• PCA feels comfortable doing the task alone

Right Person
• The RN looks at:
  • Which PCA is working that day
  • Who has experience in this skill
  • What other tasks the PCA also has to do

Right Circumstances
• Is this routine or an emergency?
• Is this appropriate for a PCA to do based on the patient condition?
• Is the patient or family extremely upset?

Right Communication & Direction
• The RN gives directions to the PCA
  • Gives a clear description of the task to be performed
• The RNs expectations are
  • Task or care will be completed within timeline given
  • Task or care will be performed well
  • PCA will communicate concerns with the RN
  • Task or care is documented on the correct form

Right Supervision
• RN available for guidance and help as needed
Right Way to Give Feedback About Delegated Task

- Describe situation in detail
- Talk about behavior (not the person)
- Talk to person right after incident occurs
- Discuss in a private place

Possible Problems with Delegation

- PCA given a task they are not qualified or comfortable doing
  - PCA should discuss this with the RN
- RN is unfamiliar with skill level of PCA
  - PCA should talk with the RN about the skills that they are able to do

Delegation Scenarios

1. The PCA (who is a nursing student) is asked to set up a nasal cannula for Mr. Y. After placing the nasal cannula on the patient, she/he turns the oxygen meter to 2 Liters.
   - Appropriate
   - Inappropriate

2. The RN is taking a patient’s blood sugar and is called away to an emergency. He/she asks the PCA to take over for her.
   - Appropriate
   - Inappropriate

3. The PCA accepts a phone call from a physician to order and schedule a STAT test.
   - Appropriate
   - Inappropriate

4. The PCA silences the cardiac monitor while the patient brushes his/her teeth.
   - Appropriate
   - Inappropriate
Delegation Scenarios

9. The PCA is asked to set up a tube feeding pump and replace the expired tube feeding with a new set for Mr. X.

- Appropriate
- Inappropriate

Good Communication Skills

- The doctors and nurses:
  - find your information valuable
  - are interested in what you have to say

- PCAs should:
  - feel confident in sharing patient information with the team
  - use appropriate language
  - be aware of body language

Good Communication Skills

- Actively listen
- Practice kindness and compassion

REMEMBER:
- Everyone has the same goal: good patient care!
Staffing Decisions and Delegation

Massachusetts General Hospital plans for appropriate utilization of staff at all levels of practice in accordance with the Massachusetts Nurse Practice Act and professional standards of practice as well as our philosophy and model of nursing practice. Our staffing guidelines provide a framework for decision-making. Staff can utilize delegation to transfer the authority to perform a selected nursing activity/task in a selected situation to a competent individual.

Staffing Decisions

Key concept: At MGH, nursing staff have direct input into the day-to-day staffing of their respective units.

Staffing Decisions

- Day-to-day staffing decisions and shift assignments are made at the unit level by the Nursing Director or Staff Nurse delegate, such as a Resource Nurse.
- Decisions are based on several things, including:
  - Staffing is based on workload, which considers both volume and patient acuity or intensity of patients needs. This takes into account number of patients, patient acuity, nursing care requirements, expected patient turnover and projected admissions.
  - Staff abilities and requirements (i.e., staff skill and experience, work schedules/availability, minimum staffing levels, etc and reasonableness).

Measuring Patient Needs for Care

- MGH nursing uses a classification system that measures patient needs for care and actual staffing used to track staffing in relation to workload on a weekly basis.
- For the majority of MGH inpatient units, acuity is measured by the QuadraMed patient classification system (previously called Medicus).
- Actual information regarding patient volume and intensity of care (acuity) to budget is used for staffing for each fiscal year.
- Identification of required direct care staffing occurs at three levels: long-term projections for the fiscal year, near-term scheduling for successive four-week cycles, and daily staffing for shift-to-shift requirements.

Responding to the Need for Additional Staff

In the event that additional staff are needed for a particular shift, there are multiple options available to the manager or, in the absence of the manager, to the Staff Nurse delegate:

- Negotiating changes in scheduled time among the unit staff.
- Utilizing staff from the Central Resource Team (CRT) or cross-trained staff from other units.
- Accessing per diem shifts, straight time hours beyond standard hours or overtime hours by unit staff.
- Calling in staff scheduled on stand-by.
- In some circumstances, it is also possible to coordinate with the Admitting Department regarding the placement of patients so that a unit that is staffed adequately for existing...
patient workload will not be overburdened with the admission of additional patients for whom appropriate staffing is not available.

Staff who are responsible for making staffing decisions have the support of on-site Clinical Supervisors, Nursing Directors who have 24-hour responsibility, and, if necessary, the Associate Chief Nurses and the Chief Nurse are also available to the staff at all times.

Scheduling
- There are a variety of scheduling models throughout MGH, tailored to meet the needs of individual unit’s patients and staff
- Staff participate in the scheduling process

The Bottom line: Patient assignments are made at the unit-level, by those nurses involved in and responsible for direct patient care. Staff participate in unit-based scheduling practices. The Nursing Director is actively involved in the staffing budget process.

Delegation

What does the Massachusetts Nurse Practice Act say about delegation?
Each individual licensed to practice nursing in the Commonwealth shall be directly accountable for the nursing care s/he delivers. The practice of Registered Nurses shall include, but not be limited to:
- The application of nursing theory to the development, implementation, evaluation and modification of plans of nursing care for individuals, families and communities;
- Coordination and management of resources for care delivery;
- Management, direction and supervision of the practice of nursing, including the delegation of selected activities to unlicensed assistive personnel.

How does the Nurse Practice Act relate to my role as a Staff Nurse?
Specific language is included in the Staff Nurse position description related to scope of practice, delegation and supervision. The following statements from the job description illustrate this.
- The Staff Nurse is a Registered Nurse who is responsible for assuring competent, compassionate nursing care for specific patients and families, including delegation to and supervision of non-professional and support staff.
- The Staff Nurse collaborates with other professionals and directs non-professional nursing personnel in maintaining recognized standards.
- The Staff Nurse teaches and directs all nursing personnel for whom he/she is responsible.
- The Staff Nurse interprets hospital and departmental policies and procedures to nurses and other health team members.

The position description for Patient Care Associates (PCAs) also specifically outlines the scope of practice for this unlicensed position. The overview of the Patient Care Associate role states: Under the direction of a RN, the PCA assists the multi-disciplinary team in a variety of clinical support functions to promote a safe, compassionate care environment.

Should some tasks such as bed baths be automatically delegated to PCAs?
No. There is always a judgment by the Registered Nurse involved. Simply because a PCA is competent to perform a task does not mean it should be delegated. You need to evaluate the circumstances surrounding the task as well as the patient’s particular needs. As an example, if your patient has a very unstable blood pressure and changes in position may cause their blood pressure to drop, you would either want to be in the room when the patient is bathed, or give the bath yourself. **Your judgment is required** to keep the **patient safe** and to **best utilize staff resources**.

What are the key elements to consider in effective delegation?

- **Right task** - first know that the task is within the scope of practice for the person you are delegating to, then carefully examine each situation. Evaluate the patient at this specific time and the skill of the person you are delegating to. For example, feeding a stroke patient for the first time may be most safely completed by the nurse and subsequently delegated to the PCA depending on how the first feeding goes.

- **Right person** - you must know if the task is within the person's scope of practice and that they have been trained to perform it. A patient may be safely cared for by a PCA you have worked closely with for a long time and know their ability versus a new PCA who may need closer supervision by a nurse until they are more experienced.

- **Right circumstances** - a patient's condition may change which may affect your ability to delegate the same task from one moment to the next. As an example, you may choose to delegate taking vital signs to a stable patient but may wish to take them yourself on a less stable patient.

- **Right communication and direction** - Clear, specific communication is critically important to ensure effective delegation. Respect for colleagues is also key. When you delegate a task to someone, be sure to communicate the full scope of the task including what you need done, when it should be done, where it should be done and why it needs to be done. Expected results, limitations, what to do with an unexpected result are also important to communicate.

- **Right supervision** - Finally, it is important to agree on when and how to check in with each other. Delegation is not one-way communication; the loop must always be complete.

Who is accountable for the care that is delegated?
The MGH policy Statement of Accountability states the following:

- **The Department of Nursing** is **accountable for assuring that competent, compassionate nursing care is provided to all patients.** A Registered Nurse on the staff of the Department of Nursing is **accountable for the nursing care** and coordination and implementation of the collaborative aspects of care for each patient.

- **Nursing care is prescribed by a registered nurse** and may be delivered by a Registered Nurse or other nursing staff member.

- The Registered Nurse **assesses each patient and assigns care based on the needs of the patient and the qualifications and level of competence of nursing personnel.** The Registered Nurse plans, supervises and evaluates the nursing care of each patient.

- **The accountability** for nursing care and for the outcomes of nursing intervention is retained by the Registered Nurse assigned to the patient **at all times even when the care is provided by others.**
• Nursing care assignments are the responsibility of a registered nurse who has the knowledge and experience necessary to make those decisions.

PCAs are accountable for the care they provide within their scope of practice. Nurses are accountable for the decision-making and supervision of the care they delegate.

Are there things that cannot be delegated to unlicensed personnel?
Yes, there are many things that cannot be delegated to unlicensed personnel including any activity which requires professional judgment, assessment, highly specialized skill or interventions, evaluation of patient process or any aspect of the nursing process. A prime example of a skill that cannot be delegated is medication administration.

What if I have difficulty delegating, or a PCA has difficulty with my delegation?
Information and education on scope of practice, as it relates to delegation, is included in the orientation and training programs for both Registered Nurses and Patient Care Associates. Excellent materials are available for you to review. Talk to staff in The Norman Knight Nursing Center for Clinical & Professional Development if you need assistance.

The Bottom line: You can safely delegate a task based on the care needs of the patient at that specific time if the staff member you are asking to perform the skill is competent to do so AND it is within their scope of practice. Each opportunity to delegate a task is a unique opportunity that requires the expert judgment of the registered professional nurse.
Location Specific:
All units

General Responsibilities:
- Data specimen collection
  - Urine/hemoccult testing/sputum
  - Blood glucose monitoring
- Assists with admission/discharge process
  - Orient patients to surroundings
  - Vital signs
  - Safekeeping of patient valuable
  - Packing of patient's belongs
  - Checks patients for ID bands
- Activities of daily living
  - Routine treatments
    - Suture line care
    - Tube care/Foley care
    - Ostomy care on established ostomy
    - Applies compression boots/teds
    - Simple dressings
    - Preventative skin care
    - Assists with deep breathing/coughing
    - Removes and applies splints/devices
    - Assists patients with position, turning, mobilization, and passive and active ROM per plan
    - Feeds patients
    - Sets up food trays
    - Charts intake of fluids, food and output
- 12 lead ECG
- Set-up equipment
  - Cardiac monitors
  - Tube feeding/tubing
  - Portable oxygen cylinder
  - Nasal cannula
  - Simple Venturi mask
  - Aerosol nebulizer system
  - Pulse oximetry
  - Suction canister-liner system
- Ambuing in the presence of healthcare professional
- Discontinues short peripheral IV catheters
- Performs simple dressings
- Phlebotomy
- Responds to call lights
  - Assists RN with plan of care
    - Preparation of patient
    - Retrieving equipment
    - Assists with trach care including ambu
- Provides constant observation for suicidal/homicidal patients
- Pulse Volume Recorder (PVR): designated units
- Continuous Passive Motion (CPM): designated units

Notes: These roles are consistent with the application of professional delegation as outlined in the Board of Registration in Nursing and Nurse Practice Act.

Site Specific:
Psychiatric Patient Care Associate
- Participates in multidisciplinary rounds and treatment team meetings
- Performs visibility rounds
- Assists patients with eating disorders
- Checks patients/visitors in and out of unit
- Escorts patients off unit in groups or 1:1 escort
- Leads therapeutic and activity groups for patients
- Coordinates care for Partial Hospital Patients (PHP)

Critical Care Patient Care Associate
- Performs extensive wound care: designated units
- Performs urinary catheterizations (age specific competencies required)
- Removal of tubes and lines: urinary catheters, IV lines, arterial lines (not femoral)
- Doppler pulse: designated units
- Sets up and preparation of lines and equipment requiring aseptic technique: transducers, priming of tubing for line changes and flushes, infusion pumps, chest tube drainage system
- Assists with IV catheter tip cultures
- Assists with peripheral, arterial and pulmonary artery line insertion
- Checks unit emergency equipment: locks travel boxes for completeness and integrity
- Non-invasive vital signs
- Trach care
- Chest tube dressing for sutured chest tube
- A-line dressing for sutured A-line
- Assists with chest physical therapy
- Oropharyngeal suctioning with Yankauer
- Blood withdrawal from non-heparinized A-line
- PCIS
- Sets up room/cubicle for admissions