



Healthcare

INBRIEF®

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Delegation: A Brief Guide to Safely Transferring Healthcare Tasks

“Delegation” refers to the transfer of tasks or responsibilities from one individual to another, generally within a team structure. In the context of healthcare, there are two major categories of delegation, provider-based and nursing-based:

- **Provider-based delegation** involves assignment of tasks by physicians to other professionals – such as medical assistants, physician assistants and nurse practitioners – within their prescribed scope of practice. Such delegation typically takes place in the framework of a collaborative practice model.
- **Nursing-based delegation** can occur at any level of nursing licensure – i.e., advanced practice nurses, registered nurses and licensed practical nurses. The appropriateness of the delegation depends upon the condition of the patient/client, the competence level of the assigned staff member and the degree of required supervision.

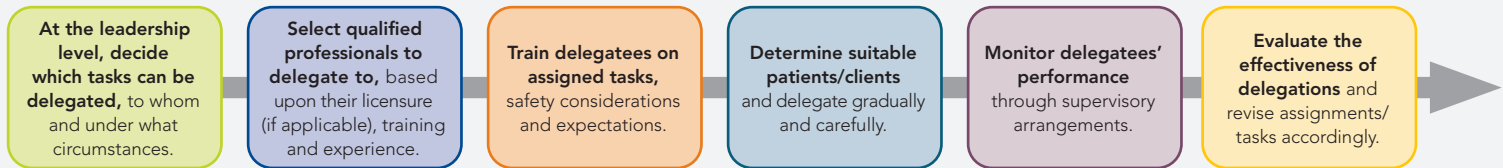
As the demands on healthcare organizations increase and staffing limitations persist, appropriate delegation has become an essential component of high-quality care. It enables treatment teams to function in an efficient, collaborative way, while fostering a practice environment in which team members feel included and valued, thus potentially enhancing morale and reducing turnover.

Although delegation specifics can vary widely – based upon setting, task, patient/client acuity and state scope of practice regulations – certain basic steps apply to the process as a whole. These are depicted in the diagram at the bottom of the page.

While delegation is a vital aspect of healthcare delivery, it presents its share of risks and should therefore be conducted in a strategic, safety-conscious way. When delegating tasks, healthcare professionals must always keep in mind state scope of practice regulations and/or nurse practice acts, as well as organizational rules and regulations.

This edition of *inBrief*® describes the five pillars of effective delegation: clearly defined clinical criteria and expectations, delegatee readiness, effective communication, emergency response and sound documentation. It also offers a range of risk management strategies designed to achieve the core goals of delegation. A sidebar on [page 4](#) takes a closer look at common collaborative structures within healthcare settings and offers practical measures designed to enhance teamwork, efficiency and compliance.

Basic Delegation Steps



The Five Keys to Safer Delegation

Clinical criteria and expectations. Healthcare providers, administrators and practice leaders should first determine which tasks and activities may be safely delegated, and how these specified duties are to be performed. This involves drafting written protocols that articulate the individual steps of each authorized task, delineate the skills and expertise necessary to complete the task, exclude certain types of patients/clients based upon clinical contraindications, and convey clear expectations in regard to documentation of actions taken and ongoing communication with the delegating provider.

Delegatee readiness. Delegated tasks must be aligned with the assigned team member's scope of practice and skill set, as well as the patient's/client's condition and acuity. Even when delegation is permitted under state law and organizational policies, individuals who are assigned a task should first demonstrate proficiency and provide documented evidence of their competence, including the dates of relevant training sessions and/or skills assessments. Annual job performance reviews should include evaluation of ability to perform delegated tasks, and if deficits are noted, delegatees should be required to take continuing education courses, with session dates and results documented in personnel files. No task should be delegated until the delegatee displays competence in carrying it out.

Communication. Open lines of communication – in the form of team meetings, regular huddles and chain-of-command protocols, among other methods – help foster an environment in which delegatees feel comfortable asking questions, expressing concerns and seeking feedback. When a change in a patient's/client's health status affects the delegated duty, the altered circumstances should be clearly communicated to the delegating party, and the change in status should be documented in the patient/client healthcare information record.

Emergency response. Written guidelines should underscore the importance of clear and timely communication during emergencies. In order to strengthen emergency response capabilities and minimize potential liability, protocols should define urgent situations and specify how such events are to be conveyed to delegating parties. In addition, team members should undergo regular training in emergency response procedures and related communication and documentation requirements.

Documentation. An accurate, complete and comprehensive patient/client record of care is the primary tool by which administrators and practice leaders can track the patient's or client's clinical history, note response to treatment, and evaluate the quality and effectiveness of care. It is also the first line of defense against allegations of negligence. In order to enhance continuity of care and strengthen the delegation process, the healthcare information record should contain the following:

- A description of the nature of the assigned task.
- Precise, objective patient/client assessment findings.
- Pertinent observations by assigned personnel.
- Progress notes by the delegator, along with co-signatures (where required), indicating that the delegatee is closely supervised and the process as a whole is coordinated.

A well-documented record also helps enhance continuity of care between the parties to a delegation agreement. Written policy should therefore require that all delegated tasks be documented at the time of performance, and that comprehensive records be kept of completed tasks, patient/client response and any adjustments made to treatment plans. To ensure timely, complete and accurate documentation of delegated tasks, patient/client healthcare information records should be audited on a routine basis.

For risk management strategies designed to safeguard delegation-related activities from liability exposures, see [page 3](#).

Proper delegation of tasks – supported by sound policies, effective documentation, ongoing communication and supervision, emergency response protocols and awareness of scope of practice limitations – is critical to the smooth operation of healthcare teams. The recommendations offered here are intended to aid organizations in evaluating and enhancing their delegation-related practices, in order to ensure that responsibilities within the healthcare team are assigned and performed in a safe, consistent and well-managed manner.

Quick Links to CNA Resources

- *AlertBulletin*® 2025-Issue 3, "[Treatment Teams: A Keystone of Healthcare Safety Culture](#)."
- *Vantage Point*® 2022-Issue 1, "[Scope of Practice Changes: Ten Keys to Safer Delegation](#)."

Risk Management Strategies

The following strategies, among others, can help healthcare organizations, practices and professionals ensure that delegated tasks are legally compliant, fully authorized and safely performed.



Adhere to practice parameters

- **Review state laws, rules and regulations relating to delegation** on an ongoing basis in consultation with facility/practice leadership, risk management staff and legal counsel.
- **Establish training programs** to prepare assigned staff members to safely perform delegated tasks or activities.
- **Develop metrics to evaluate competency** in the delegated task.
- **Document task-related training and competency** in delegates' personnel records.



Promulgate sound policies

- **Develop written protocols for delegated activities**, encompassing the following components, among others:
 - **Specific steps** of the delegated task.
 - **Clinical contraindications** that preclude delegation.
 - **Expected clinical outcome** of the delegated task.
 - **Degree of oversight to be exercised** by the delegating provider.
 - **Timeframe** for completion of the delegated task.
 - **Documentation requirements** for both delegators and delegates.
 - **Response measures to unexpected events**, including communication protocols and provision of backup personnel and necessary equipment.
- **Ensure that facility/practice leadership reviews delegation protocols annually** and updates them when necessary.



Draft emergency response guidelines

- **Draft a formal urgent-communication protocol**, which calls for prompt reporting of the following events, at a minimum:
 - **Unexpected side effects** of the delegated task.
 - **Sudden deterioration** in a patient's/client's condition.
 - **Transfer of a patient/client** to a higher level of care.
 - **Inability to perform the delegated task** for any reason.
 - **Complaints from a patient/client** relating to the delegated task.
- **Develop a written chain-of-command protocol** that can be activated whenever a delegating party fails to respond promptly to an unexpected occurrence.
- **Delineate the responsibilities of delegates** whenever a patient/client is transferred to other providers and/or facilities.



Improve communication and documentation practices

- **Require that delegates undergo training in effective communication**, such as [closed loop communication methods](#) and related techniques. (For more information, see [TeamSTEPPS 3.0](#) from the Agency for Healthcare Research and Quality.)
- **Digitize patient/client information**, in order to facilitate access to and sharing of healthcare records among different settings and provider types.
- **Ensure that IT tools present medical data in user-friendly formats** – such as order sets, clinical pathway checklists and information tracking functions – in order to streamline and clarify documentation of delegated tasks.
- **Establish documentation checkpoints**, such as team huddles, case conferences and patient/client handoffs.

This resource serves as a reference for healthcare organizations, practices and providers seeking to evaluate risk exposures associated with delegation of tasks. The content is not intended to represent a comprehensive listing of all actions needed to address the subject matter, but rather is a means of initiating internal discussion and self-examination. Your organization and risks may be different from those addressed herein, and you may wish to modify the activities and questions noted herein to suit your individual organizational practice and patient/client needs. The information contained herein is not intended to establish any standard of care, or address the circumstances of any specific healthcare organization. It is not intended to serve as legal advice appropriate for any particular factual situations, or to provide an acknowledgement that any given factual situation is covered under any CNA insurance policy. The material presented is not intended to constitute a binding contract. These statements do not constitute a risk management directive from CNA. No organization or individual should act upon this information without appropriate professional advice, including advice of legal counsel, given after a thorough examination of the individual situation, encompassing a review of relevant facts, laws and regulations. CNA assumes no responsibility for the consequences of the use or nonuse of this information.

Delegation: Common Practice Models and Supporting Strategies

Team Nursing Model

A form of patient/client care whereby licensed and non-licensed nursing personnel collaborate to provide patient/client-centered care.

A team leader nurse supervises care and delegates tasks based upon five “rights” of delegation:

- Right task.
- Right person.
- Right circumstance.
- Right directions and communication.
- Right supervision and evaluation.

Two Basic Models

Team-based Care Model

A collaborative system designed to achieve high-quality, efficient patient/client care through the sharing of responsibilities.

Under the leadership of a physician, a team is assembled that includes the following:

- Physicians.
- Nurse practitioners.
- Physician assistants.
- Nurses.
- Medical assistants.
- Front-desk staff.
- Ancillary services representatives, e.g., pharmacists, therapists, social workers, care coordinators.

Strategies for success

- **Train staff on the principles of delegation**, emphasizing that the process distributes responsibilities in order to empower individual team members to provide better patient/client care.
- **Promote task delegation among staff** as a means of enhancing care, fostering trust and teamwork, utilizing resources more efficiently and improving staff morale.
- **Monitor the delegation process**, focusing on appropriateness of decision, degree of oversight and clinical outcomes.
- **Stay current on state laws and regulations**, in order to ensure that delegation decisions and processes align with practice parameters.
- **Perform root cause analysis** of adverse events involving delegation, when indicated.
- **Merge existing delegation frameworks with AI-powered task management platforms**, in order to streamline workflows by interfacing with digital and smart technology, including wearable devices, portals, triage systems and remote monitoring equipment.

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