



ONA Position Statement

THE UNREGULATED CARE PROVIDER AND DELEGATION OF ACTIVITIES

Registered nurses (RNs) delegate activities to a number of other health-care providers, such as registered practical nurses (RPNs), unregulated care providers (UCPs) and patient family members. Delegation occurs under specific circumstances and within a critical thinking framework.

ONA supports the College of Nurses of Ontario (CNO) guideline documents, *Authorizing Mechanisms and Working with Unregulated Care Providers*. These guidelines provide clarity on when delegating is suitable, and how nurses remain accountable, during the delegation process. The *Regulated Health Professions Act*, and the *Nursing Act, 1991* specify the controlled acts all nurses are authorized to perform. Of these, only certain controlled acts in the legislation may be delegated to family members and/or UCPs.

UCP is a broad term used to describe a health-care worker who is not governed by a regulatory body. Examples are personal support workers, physician assistants, health care aides or patient care attendants. Their job title and duties are defined by their employer, and there may be variation in standardized education or certification.

Despite these inconsistencies, it has become routine practice for UCPs to be employed to assist in nursing related activities. Research has shown that patient outcomes are optimal with higher nurse-to-patient ratios, and when patients receive holistic and unfragmented care. The use of UCPs appears to have increased due to nursing shortages and cost containment measures, as opposed to quality patient care measures.

ONA believes that the RN should be fully informed of the RPN's or UCP's level of competence, and the activities that may be safely delegated. The RN must have a full understanding of the role and functions of these persons. The RN must also be knowledgeable about the patient's status and the environment. If it is not possible to be provided with this information, then ONA believes that the RN must give full consideration to delegating only those duties which can be safely delegated in the absence of the information. The best interests of the patient and the provision of safe, ethical care are key factors in the decision to delegate. This is especially so with UCPs, as they are not held to the same standards of care as would a regulated health professional.

ONA also believes that the RN has the right to refuse to delegate certain activities when there is insufficient time to provide adequate supervision. For delegation to be successful for patient outcomes, the practice environment must support the RN in having the time to assess, teach and monitor the care that has been delegated to the RPN or UCP.

The use of UCPs in health-care delivery is now widespread practice, notably in hospitals, long-term care and home care. Many activities understood to be elements of nursing work, such as personal care provision or transferring patients have now moved to the role of the UCP. While this does create efficiencies, the RN must rely on reports provided by the UCP about patients who

are now more acutely ill and unstable by the time they reach admission to a health care setting. This is occurring at a time where Ontario functions with the lowest nurse-to-patient ratio in Canada. Nursing jobs must not be lost, with the addition of UCPs to the practice environment.

ONA is concerned about the deskilling of the RN role with the increased use of UCPs and RPNs. A multi-disciplinary team has value when it is employed to effectively optimize skill mix and improve patient care and experience. ONA advocates to have standardized education pathways for UCPs. This would then provide a baseline expectation for UCP standard of care, thereby supporting the safer process of nursing delegation of activities. Doing so would also provide clarity on scopes of practice, thus supporting the right care provider doing the right job in the provision of safe patient care

The physician's assistant (PA) is also a UCP, thus all the above-noted factors regarding delegation and accountability apply. The PA may only perform controlled acts that are delegated to them; they may not further delegate the act or give orders to nurses. However, each organization may develop Medical Directives that would empower PAs to give orders. It is up to nurses to be aware of their organizational policies and accountabilities to the CNO. This is an area where there is an added accountability for the nurse to understand the specifics of each Directive, so they do not inadvertently conduct controlled acts without authorization.

ONA supports the use of nurse practitioners, who are regulated and have standards of practice, as the preferred choice of advance care provider instead of PAs. ONA does not support the regulation of PAs.

Note: Refer to the appropriate College websites for information on standards of care specific to other regulated health professionals.

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