

AORN Position Statement on Delegation in Perioperative Practice Settings

POSITION STATEMENT

AORN believes:

- **Delegation** and **supervision** are essential perioperative nursing skills.¹
- The delegation process is complex; supporting safe and consistent delegation practices requires shared responsibilities among the organization (eg, administrative policies and procedures), the perioperative registered nurse (RN) (ie, the **delegator**), and the **delegatee**¹ (Figure 1).
 - **Organizational responsibility**
 - The organization should implement a standardized method for delegation and supervision processes.¹
 - The organization should provide education and verify the competency of the delegatee for tasks that may be delegated.¹
 - The organization should create a policy and procedure for nursing delegation that clarifies what may and may not be delegated in accordance with the applicable state nurse practice act.¹⁻⁴
 - **Perioperative RN responsibility**
 - Perioperative RNs should complete competency verification activities related to delegation processes.¹
 - A perioperative RN with authority to delegate (eg, an RN involved in the procedure, charge RN, RN manager) can delegate perioperative tasks.¹
 - The RN should not delegate tasks that require nursing judgment, clinical reasoning, and critical decision making (eg, assessing, evaluating) to a person who is not an RN.¹⁻⁴
 - **Delegatee responsibility**
 - The delegatee is responsible for accepting only **delegated responsibilities** (ie, perioperative activities, skills, procedures) that they are competent to perform.¹
 - The delegatee may not then delegate responsibilities or tasks to another individual.¹
- The use of clear, specific, two-way communication between the perioperative RN and the delegatee, including the opportunity to ask clarifying questions, is essential to successful delegation practices and patient safety.^{1,5}
- All perioperative team members contribute to a culture of safety that supports optimal patient outcomes.⁵
- Collaboration between the perioperative RN and other team members is essential to achieve optimal patient outcomes in a safe environment of care.⁵
- Additional research on delegation of perioperative RN activities, skills, and procedures is needed.

RATIONALE

Perioperative patient care is complex and requires the nursing judgment, clinical reasoning, and critical decision-making skills of a perioperative RN to support patient safety and optimal patient outcomes.^{1,2,6} The perioperative RN circulator is responsible for assessing, diagnosing, planning, coordinating, and implementing nursing interventions and evaluating the care of every patient undergoing operative or other invasive procedures.^{2-4,6} According to the Centers for Medicare and Medicaid Services,⁷ surgical

technologists and licensed practical nurses in the scrub role are under the supervision of an RN who is immediately available. Some targeted perioperative activities, skills, and procedures can be delegated to qualified individuals. Delegation may facilitate timely patient care, enhance efficiency, increase patient and personnel satisfaction, improve patient outcomes, and decrease the level of stress experienced by nurses.⁸

Delegation of perioperative tasks must be consistent with applicable state regulations, which vary between states.¹⁻⁴ Delegation of perioperative tasks should also be consistent with guidelines, nursing standards of practice, accrediting agency standards, and health care organization policies and procedures.¹⁻⁴ As the health care system changes, the roles and responsibilities of licensed health care personnel and **assistive personnel** may also evolve.¹ Therefore, a clear understanding of assignment, supervision, and delegation will increase the successful application of these concepts.

An **assignment** is a fundamental skill, activity, or procedure that is part of the person's job description and was included in their basic education or training program¹ (eg, environmental services personnel clean and disinfect an operating room after a procedure). The perioperative RN caring for the patient for whom an activity, skill, or procedure is performed by another team member has supervisory responsibility for ensuring the assignment is completed according to established standards.^{1,3} Conversely, delegation "is allowing a delegatee to perform a specific nursing activity, skill, or procedure that is beyond the delegatee's traditional role and not routinely performed"^{1(p2)} (eg, environmental services personnel place sequential compression devices on the patient or set up a fracture table). Delegatees have additional education, training, and verified competency to perform the specific delegated tasks.¹ When a task is delegated, the perioperative RN maintains **accountability** for the patient⁴ while the delegatee is responsible for the performance of the delegated skill, activity, or procedure.¹ The process of delegation may vary each time it occurs.¹ Perioperative tasks can be delegated when task delegation aligns with the

- applicable state nurse practice act and accompanying regulations,¹⁻⁴
- organizational policies and procedures,^{1,3,4}
- delegator's scope of practice,¹
- delegatee's role and competency,^{1,2,4}
- practice setting (eg, perioperative),¹
- complexity of the task,⁴
- problem solving or innovation required for task completion,
- level of preparation required for the task,⁴
- level of patient interaction,
- patient's acuity level (eg, stable),^{1,4}
- perioperative team's ability to keep the patient free from harm,²
- unique patient requirements (eg, positioning a patient who is paralyzed),¹
- amount of supervision required,^{1,4}
- availability of qualified personnel,^{1,4} and
- predictability of the outcome of the delegated task.⁴

The complexity of delegation of perioperative tasks necessitates tools to increase the safety and outcomes of patients for whom aspects of care have been delegated. Two tools for delegation include the Five Rights of Delegation (Table 1) and the Delegation Decision Tree (Table 2). The Five Rights of Delegation is intended to help perioperative RNs determine if a specific perioperative task is appropriate for delegation.¹ The Delegation Decision Tree may also support perioperative RNs in determining which fundamental skills, activities, or procedures are part of each perioperative team member's role preparation and are included in the basic education program for the role. This is important because it may

otherwise be difficult to determine activities and tasks that can be delegated safely when many types of assistive personnel in the perioperative practice setting are not addressed in the state nurse practice act.

Transfer of patient care responsibilities between perioperative RNs using the hand-over process is outside the scope of this document and is described in the AORN Guideline for Team Communication.⁵

GLOSSARY

Accountability: When a person is answerable to oneself and others for their choices, decisions, and actions as measured against a standard.^{3,4}

Assignment: The routine care, activities, and procedures that are in the authorized scope of practice of the RN or are part of the routine functions of assistive personnel.¹

Assistive personnel: Personnel trained to function in a supportive role, regardless of title, to whom a nursing responsibility may be delegated.¹

Delegated responsibility: A nursing activity, skill, or procedure that is transferred from an RN to a delegatee.¹

Delegatee: A person who is delegated by an RN to perform a nursing responsibility, is competent to perform it, and verbally accepts it.¹

Delegation: Allowing a delegatee to perform a specific nursing activity, skill, or procedure that is beyond the delegatee's traditional role and not routinely performed.¹

Delegator: A nurse who delegates a nursing responsibility.¹

Supervision: The act of overseeing an activity, skill, or procedure performed by another individual for completeness and safe performance according to an established standard. Supervision may include direct observation of the activity, skill, or procedure, but direct observation is not always indicated.

REFERENCES

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3. *Code of Ethics for Nurses with Interpretive Statements*. Silver Spring, MD: American Nurses Association; 2015. <https://www.nursingworld.org/practice-policy/nursing-excellence/ethics/code-of-ethics-for-nurses/>. Accessed September 22, 2020.
4. Perioperative Explications for the ANA *Code of Ethics for Nurses with Interpretive Statements*. AORN, Inc. <https://www.aorn.org/guidelines/clinical-resources/code-of-ethics>. Updated 2015. Accessed September 22, 2020.
5. Guideline for team communication. In: *Guidelines for Perioperative Practice*. Denver, CO: AORN, Inc; 2021:1065-1096.
6. *AORN Position Statement on Perioperative Registered Nurse Circulator Dedicated to Every Patient Undergoing an Operative or Other Invasive Procedure*. AORN, Inc.

<https://www.aorn.org/guidelines/clinical-resources/position-statements>. Published March 2019.
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7. Centers for Medicare & Medicaid Services, ed. *State Operations Manual Appendix A: Survey Protocol, Regulations and Interpretive Guidelines for Hospitals*. Rev. 200 ed. Centers for Medicare and Medicaid (CMS); 2020.
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ADDITIONAL RESOURCES

Further clarification on the responsibilities of delegation for administrators, perioperative RNs, and delegates outlined in the Delegation Model can be found in the 2019 NCSBN and ANA Guideline for Nursing Delegation.¹

PUBLICATION HISTORY

Original approved by the House of Delegates as the AORN Position Statement on Allied Health Care Providers and Support Personnel in the Perioperative Practice Setting: March 2006

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Figure 1. Delegation Model¹



From: National Council of State Boards of Nursing, American Nurses Association. *National Guidelines for Nursing Delegation*. https://www.ncsbn.org/NGND-PosPaper_06.pdf. Published April 29, 2019. Accessed September 21, 2020. Used with permission from the American Nurses Association.

Table 1. Five Rights of Delegation^{1,4}	
Rights	Further Clarification
Right Task	The activity, skill, or procedure is in the delegatee's job description or included in facility policies or procedures. The policy or procedure describes the limitations, expectations, and competency validation required for delegation.
Right Circumstance	The patient's condition (eg, stable, unstable) remains unchanged from the time of task delegation to task completion. Any concerns are communicated to the RN for assessment before task completion.
Right Person	The perioperative RN verifies that the individual possesses the knowledge and skills to complete the task safely and according to established standards and organizational policies and procedures.
Right Directions and Communication	<p>The delegated task is specific to each patient, perioperative RN, and delegatee completing the task. Instruction for task completion is clarified in a two-way communication process between the perioperative RN and delegatee and includes</p> <ul style="list-style-type: none"> • data to be collected, • collection method, • time frame for reporting to the RN, • additional pertinent information, and • time for clarifying questions. <p>The delegatee understands the parameters of the delegated activity, skill, or procedure and accepts the task. No modifications to the activity, skill, or procedure can be made without perioperative RN approval.</p>
Right Supervision and Evaluation	<p>The RN is responsible for</p> <ul style="list-style-type: none"> • supervising the activity, • being available to help as needed, • following up after completion, • evaluating patient outcomes, and • completing applicable patient documentation. <p>The delegatee is responsible for communicating patient information from the activity, skill, or procedure to the perioperative RN.</p>

Table 2. Delegation Decision Tree

Answer the Questions in Order	Yes, Continue to Next Question	No - Stop
1. Have you completed a review of the Five Rights of Delegation and confirmed that this specific activity, skill, or procedure meets the criteria for delegation to the individual to whom the task will be delegated?		
2. Is delegation of the specific skill, activity, or procedure allowed under the state nurse practice act or other regulation, accreditation standards, facility policy or procedure, or the intended delegatee's job description?		
3. Is the delegation of this specific skill, activity, or procedure consistent with evidence in the current literature about this individual's job role?		
4. Is there an organizational or facility policy and procedure supporting the delegation of this specific activity, skill, or procedure to an individual in this job role?		
5. Has this individual completed the necessary education, training, and competency verification activities to safely perform this specific delegated activity, skill, or procedure?		
6. Is this individual's competency documented for this specific activity, skill, or procedure?		
7. Does this individual have the resources necessary to perform this activity, skill, or procedure safely?		
8. Would a reasonable and prudent individual in the same job role and with the same educational background agree to accept performing this specific delegated activity, skill, or procedure in the perioperative practice setting?		
9. Does the intended delegatee understand what is being asked; accept the delegation of the specific activity, skill, or procedure; and acknowledge that they are accountable for performing the delegated task?		
10. As the perioperative RN, are you prepared to supervise the delegated activity, skill, or procedure and accept accountability for the patient's outcome?		
If all the answers are yes, then it may be safe to delegate the specific perioperative nursing activity, skill, or procedure to the individual.		
Material for this table was modified from: Ballard K, Haagenson D, Christiansen L, et al. Scope of Nursing Practice Decision-Making Framework. <i>J Nurs Regul.</i> 2016;7(3):19-21.		